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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000051032**

SISLER PROMOTIONS INCORPORATED

D:-:10110		Mailine Address							
Principal Place of Business Mailing Address									
2549 FRED SMITH ROAD TALLAHASSEE FL 32303 TALLAHASSEE FL 32303						DO NOT WRITE IN THIS SPACE			
							IE IN I HIS	SPACE	
						3. Date Incorporated or Qualifed			
						06/09/1997 4. FEI Number			Sad For
2. Principal Place of Business 2a. Mailing Address								<u> </u>	olied For
21 3541 (42ador St. 26 3541 Cazador S						59-3469504		\$8.75 A	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired		Fee Rec	1
City & State	1	City & State				6. Election Campaign Financing		\$5.00 N	May Be
23/LOS Angeles CA 28 LA CA						Trust Fund Contribution		Added to	Fees
Zip	Country	Zip		Country		8. This corporation owes the curr	ent year Int	angible	
24 90065	25 WA	29 90065	30	0	UA	Personal Property Tax.		☐ Yes	□No
	Name and Address of Curren	t Registered Agent				10. Name and Address of New F	legistered	Agent	
				81	Name				
WEIDNER, MATTHEW				82 Street Address (P.O. Box Number is Not Acceptable)					
2549 FRED SMITH RD									
TALLAHASSEE FL 32303				83					
				84	City		FL	85 Zip C	ode
- 11 Phonocont to the	proviolena of Pagagae 607 050	2 and 607 1509 Floric	la Statutas itt	ne above	a-named co	reporation submits this statement for the			registered
office or register agent. I am fami	ed agent, or both, in the State liar with, and accept the obliga	of Florida. Such chang tions of, Section 607.0	je was author 505, Florida	rized by Statutes	the corpora	poration submits this statement for the tion's board of directors. I hereby acception's	t the appoi	ntment as reg	jistered
SIGNATURE									
Signatur	e, typed or printed name of registered ager				t signature requi	ired when reinstating)	DATE	ID DIDECTO	TE IN 12
12.	OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AF	□ Change	Addition
TITLE P		□ DE		1.1 TITLE					L. Addition
	ER, GREGORY M			1.2 NAME					,
l i	FRED SMITH ROAD			1.3 STREET	T ADDRESS				
	_AHASSEE FL 32303			1.4 CITY-S	T-ZIP			[T] Change	Addition
TITLE S		□ DE	LETE	2.1 TITLE				Change	☐ Addition
]	oner, matthew d			2.2 NAME					
	FRED SMITH ROAD			2.3 STREET	TADDRESS				
CITY-ST-ZIP TALI	AHASSEE FL 32303			2. 4 CITY-S	T-ZIP				
TITLE		□ D€		3.1 TITLE				Change	☐ Addition
NAME			- I	3.2 NAME	}	•			ļ
STREET ADDRESS				3.3 STREET	TADDRESS				
CITY-ST-ZIP				3.4. CITY-S	ST-ZIP				
TITLE		☐ DE	LETE	4.1 TITLE				Change	☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address, with all other like empowered.

4 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

□ DELETE

☐ Addition

☐ Addition

Change