FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000059968 (2)

INNOVATIVE PROMOTIONS AND EVENTS, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 10280 CAMELBACK LANE 10280 CAMELBACK LANE **BOCA RATON FL 33498 BOCA RATON FL 33498** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/03/1997 Principal Place of Business Applied For 10280 Canella 26 10280 Carnelback Lung Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional Fee Regulred City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LUBETSKY, STEVEN 81 NameLEONARD 10280 CAMELBACK LANE Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33498** 63 Zip Code 3344/ City DEED FIELD BEACH 11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familie with, and accept the oblightions of, Section 607.0505, Florida Statutes.

SIGNATURE 30/97 TE Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 1.1 TITLE Change Addition TITLE LUBETSKY, STEVEN NAME 1.2 NAME 10280 CAMELBACK LANE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33498** CITY ST-ZIP 1.4 CITY - ST-7IP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3 1 TETLE Addition TITE F NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE. Change Addition 4.1 THILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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, or on an attachment with an address.

SIGNATURE:

(56/451-4240