FILED May 14, 2002 8:00 am & Secretary of State

2002 UNIFORM BUSINESS REPORT (UBR)

P97000067417

DOCUMENT # 1. Entity Name

ANNARELL PROMOTIONS INC.

| ANNABLE PROMOTIONS, INC. | | | | | | | 05-14-2002 90043 040 ***150.00 | | | |
|---|--|--|---|--|-----------------------|--|---|---------------------------|-------------------------------|--|
| Principal Place of Business 8382 MARKET ST BRADENTON FL 34202 | | | Mailing Address 8382 MARKET ST BRADENTON FL 34202 | | | | | | | |
| | | | | | : | | | | | |
| 2. Principal | Place of Busin | ness | 3. Mailing Address | 3. Mailing Address | | | I ERDOLFRAE HTØ TØRLE HOREN ODERT TØRLE DARFIT TØRLE | | f81 14811 1881 1881 | |
| Suite, Ap | | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | |
| City & Sta | ate | | City & State | | | 4. | FEI Number 65-0784916 | | Applied For Not Applicable | |
| Zip | | Country | Zip | Cour | ntry | 5. | Certificate of Status Desired | \$8.75 A Fee Requi | dditional | |
| | 6. Name | and Address of Currer | t Registered Agent | | | 7. | Name and Address of New Registered | | | |
| CCUI IDE | DT IODV A | | | | Name | | | | | |
| 8382 MAI | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| BRADENT | TON FL 3420 | 02 | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | City | | FL | Zip Co | de | |
| 8. The above | e named entity | submits this statement t | for the purpose of changing its | register | ed office or regi | istered ag | ent, or both, in the State of Florida. | | | |
| SIGNATURE | JODY | Anne Scorprinted name of registered ager | hubert | | d Agent signature rec | | 4-20- | 02 | ļ | |
| Tax filing | oration is eligi requirement a ria on back) | ble to satisfy its Intangible and elects to do so. | After May 1, 20 | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta | | | Election Campaign Financing Trust Fund Contribution. | | 00 May Be | |
| 11. | | OFFICERS AND | DIRECTORS | 12. | Į. | AD | L DITIONS/CHANGES TO OFFICERS AND | DIRECTO | RS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SCHBERT, 8382 MARI BRADENTO | | ☐ Delete | | | , | | ☐ Change | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | s | | ☐ Delete | . 🚪 | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | Change | Addition | |
| TITLE NAME Street address City-St-Zip | | | ☐ Delete | | | 1., | | ☐ Change | Addition | |
| TITLE: NAME, STREET ADDRESS CITY-ST-ZIP. | and the second of the second o | | Delete - | NAME STREE | T ADDRESS ST- ZIP | | Section 1. | Change | Addition | |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | | | ☐ Delete | | T ADDRESS | | | Change | Addition | |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on any attachment with an address, with all other like empowered.

SIGNATURE

4-20-02 (941)907-0100