

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90278 016 \*\*\*150.00

**DOCUMENT # P98000033694**

1. Entity Name  
**PROMOTIONS IN MOTION, INC.**



Principal Place of Business  
**1980 S OCEAN DRIVE  
SUITE 4P SOUTH  
HALLANDALE, FL 33009**

Mailing Address  
**1980 S OCEAN DRIVE  
SUITE 4P SOUTH  
HALLANDALE, FL 33009**

**94054485**



04122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0827266**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MAHON, JAMES F  
2890 N ANDREWS AVE  
FORT LAUDERDALE, FL 33311**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVTS  
SHUMAN, BRENDA C  
1980 S OCEAN DR SUITE 1700 4P-S  
HALLANDALE, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SHUMAN, BRENDA C  
1980 S OCEAN DR SUITE 1700 4P-S  
HALLANDALE, FL 33009**

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brenda C Shuman Pres 4/13/04 561.716.0018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #