2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037285

TRADE SHOW SUPPORT, INC.

LEVY, LAWRENCE

SIGNATURE

11.

TITLE NAME

NAME

TITLE

NAME

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NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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2705 PARKVIEW DR. HALLANDALE FL 33009

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

LEVY, LAWRENCE

2705 PARKVIEW DR.

HALLANDALE FL 33009

(See criteria on back)

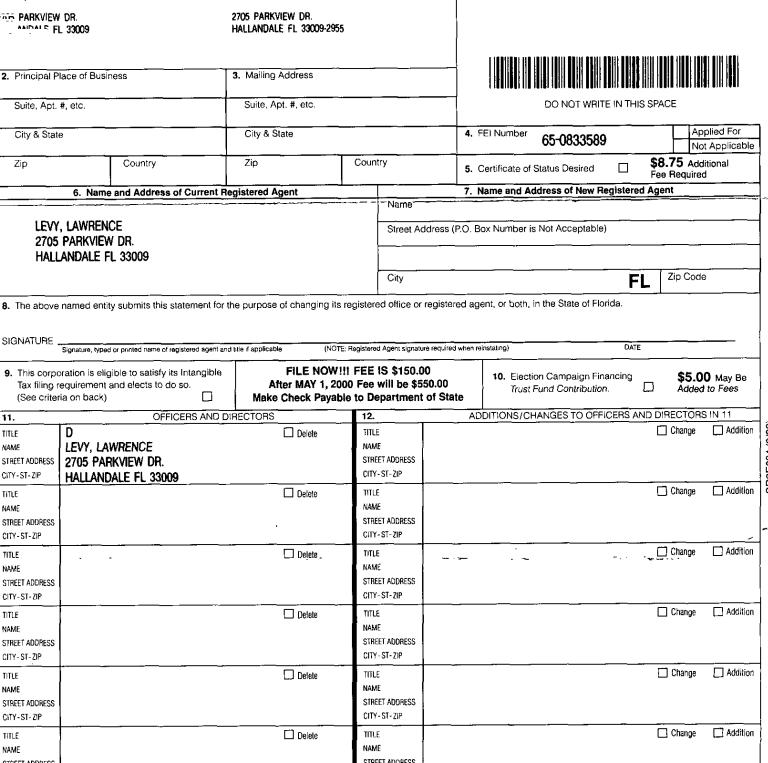
Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

| Principal Place of Business PARKVIEW DR. ANDALS FL 33009 | | Mailing Address 2705 PARKVIEW DR. HALLANDALE FL 33009-2955 | | |
|--|---------------------------|--|---------|--|
| | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | |
| | 6. Name and Address of Cu | rrent Registered Agent | Name | |

FILED Apr 26, 2000 8:00 am Secretary of State

04-26-2000 90054 039 ***150.00



CITY-ST-ZIP 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 of 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 an attachment with an address, with all other like empowered.

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

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NAME STREET ADDRESS

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CITY-ST-ZIP

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LAWRENCE A. LEVY SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICE