

**FILED**

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

DOCUMENT # P98000037285

**TRADE SHOW SUPPORT, INC.**

Mailing Address

2705 PARKVIEW DR.  
HALLANDALE FL 33009-2955

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

4. FEI Number **65-0833589**

|                |
|----------------|
| Applied For    |
| Not Applicable |

Country

Country

### 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**7. Name and Address of New Registered Agent**

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
*Trust Fund Contribution.*

**\$5.00** May Be  
Added to Fees

|     |   |
|-----|---|
| 12. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|-----|---|

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY- ST -ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

| TITLE           |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------------|--|---------------------------------|-----------------------------------|
| NAME            |  |                                 |                                   |
| STREET ADDRESS  |  |                                 |                                   |
| CITY - ST - ZIP |  |                                 |                                   |

| TITLE           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------------|---------------------------------|-----------------------------------|
| NAME            |                                 |                                   |
| STREET ADDRESS  |                                 |                                   |
| CITY - ST - ZIP |                                 |                                   |

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 an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (9/99)