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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000053917

1. Corporation Name
CBA PROMOTION & DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
4435 OLD WINTER GARDEN ROAD ORLANDO FL 32802	4435 OLD WINTER GARDEN ROAD ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1998

2. Principal Place of Business
21 6300 N.E. First Avenue
Suite, Apt. #, etc.
22 Suite 101
City & State
23 Ft. Lauderdale, FL
Zip 24 33334 Country 25

2a. Mailing Address
28 6300 N.E. First Avenue
Suite, Apt. #, etc.
27 Suite 101
City & State
26 Ft. Lauderdale, FL.
Zip 29 33334 Country 30

4. EEI Number 65-0843365 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BLUMBERG EXCELSIOR CORPORATE SVS INC
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name: Dorothy E. Isser
82 Street Address (P.O. Box Number is Not Acceptable): 6300 N.E. First Avenue
83 Suite 101
84 City: Ft. Lauderdale FL 85 Zip Code: 33334

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, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 3-31-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Christopher Wolf		1.2 NAME		
STREET ADDRESS	1633 Berkeley St. # 2		1.3 STREET ADDRESS		
CITY-ST-ZIP	Santa Monica, CA 90404		1.4 CITY-ST-ZIP		
TITLE	Secretary / Treasurer	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Dorothy E. Isser		2.2 NAME		
STREET ADDRESS	60 Matador Lane		2.3 STREET ADDRESS		
CITY-ST-ZIP	Davie, FL 33324		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE [signature] Secty/Treas 3-31-99 954.771.4484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #