2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 29, 2004 8:00 am DOCUMENT # P98000066695 **Secretary of State** 1. Entity Name 03-29-2004 90070 017 ***150.00 JLK PROMOTIONS, INC. Principal Place of Business Mailing Address C/O RONALD E-DUREIN 10555 WOODCHASE CIRCLE ORLANDO FL 32836 10555 WOODCHASE CIR. ORLANDO FL 32836 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3525885 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DURBIN, RONALD E Street Address (P.O. Box Number is Not Acceptable) 10555 WOODSCHASE CIR **@RLANDO FL 32836** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agen) signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAME NINASSI, JULIE L NAME 5419 HopeTown In. STREET ADDRESS 1713 PADDOCK CLUB DR STREET ADDRESS Panama City Beach, F1 32408 CITY-ST-ZIP PANAMA CITY BEACH FL 32407 CITY-ST-ZIP TITLE Delete TITLE Addition DURBIN, RONALD E NAME NAME Durbin, Ronald E 10555 WOODCHASE CIR STREET ADDRESS STREET ADDRESS 10555 woodchase Cir CITY-ST-ZIP ORLANDO FL 32836 CITY-ST-ZIP Orbando, FL 32836 Addition TITLE **⊠** Delete TITLE Change NAME DURBIN, KAREN L Durbin, Karen L 10555 Woodchase Cir STREET ADDRESS 10555 WOODCHASE CIR STREET ADDRESS CITY-ST-7IP ORLANDO FL 32836 CITY-ST-ZIP Ortando FL 32836 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

COFFICER OR DIRECTOR Daylor Phone # SIGNATURE:

12. Thereby certify that the information supplied with this filling 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.