2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90002 005 ***150.00

DOCUMENT # P98000072099

1. Entity Name

TIM KENNEDY PROMOTIONS & PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
FANGYUAN GARDEN. 8TH BANOUIAN R HAIKOU CITY HA OC	C/O GINA FEAR 417 CRAFTON AVE PITMAN NJ 08071-2303

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
417 Crafton ave		417 Crafton ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Pitman NJ		City & State: Pitman NJ	
Zip: 08071-2303	Country: USA	Zip: 08071-2303	Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA INCORPOATORS, INC. 1221 BRICKELL AVENUE SUITE 900 MIAMI FL 33131	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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, TIM FANGYUAN GARDEN, 8TH BANQUIAN R HAIKOU CITY, HA 570208 CHINA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: Timothy Kennedy 4-29-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #