

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

|  |   |                           |   |   |  |
|--|---|---------------------------|---|---|--|
| <b>DOCUMENT # P98000095185</b>   |   |                           |   |   |  |
| <b>1. Entity Name</b><br>INTERNATIONAL PROMOTIONS & ENTERTAINMENT CORPORATION  |   |                           |   |   |  |
| <b>Principal Place of Business</b><br>5945 RAVENWOOD RD., BLDG. 2<br>FT. LAUDERDALE FL 33312   |   |                           | <b>Mailing Address</b><br>5945 RAVENWOOD RD., BLDG. 2<br>FT. LAUDERDALE FL 33312  |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>  |   | <b>3. Mailing Address</b> |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.       |   |   |  |
| City & State   |   | City & State              |   | <b>4. FEI Number</b> <b>59-3542947</b>  |  |
| Zip  |   | Country                   |   | Applied For<br>Not Applicable   |  |
| Zip  |   | Country                   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>      |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>BENBASAT, STEVE<br>5945 RAVENWOOD RD.<br>FORT LAUDERDALE FL 33312  |   |                           | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| <b>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.</b> |   |                           |   |   |  |
| SIGNATURE _____ DATE _____<br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when removing agent.)</small>   |   |                           |   |   |  |
| <b>FILE NOW!!! FEE: IS: \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |   |                           | <b>9. Election Campaign Financing</b> <b>\$5.00 May Be Added to Fees</b><br>Trust Fund Contribution: <input type="checkbox"/>           |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PTD<br>WANTMAN, GREG<br>5945 RAVENWOOD ROAD, BUILDING 2<br>FT. LAUDERDALE FL 33312    |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | 000000844200 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>03/12/08-80026-022 150.00 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VSD<br>BENBASAT, STEVEN<br>5945 RAVENWOOD ROAD, BUILDING 2<br>FT. LAUDERDALE FL 33312 |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Disclose Fees