

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90056 030 ***150.00

DOCUMENT # P98000095185

Entity Name

International Promotions & Entertainment Corporation

DO NOT WRITE IN THIS SPACE

90068121

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| | | | | | | | |
|---|--|---|--|--|--|-------------------------------|--|
| 1. Principal Place of Business 5945 Ravenswood Rd. Suite, Apt. #, etc. Bldg. 2 City & State Ft. Lauderdale, FL Zip 33312 | | 3. Mailing Address 5945 Ravenswood Rd. Suite, Apt. #, etc. Bldg. 2 City & State Ft. Lauderdale, FL Zip 33312 | | 4. FEI Number 59-3542947 | | Applied For Not Applicable | |
| Country Broward | | Country Broward | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |

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IN THIS SPACE**

| | |
|--|--------------------|
| 7. Name and Address of Current Registered Agent | |
| Name | Richard Lewis |
| Street Address (P.O. Box Number is Not Acceptable) | 799 Brickell Plaza |
| Suite | 702 |
| City | Miami |
| FL | Zip Code 33131 |

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

| | | | |
|--|--|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD Greg Wantman 5945 Ravenswood Rd. #2 Ft. Lauderdale, FL 33312 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD Steven Benbasat 5945 Ravenswood Rd. #2 Ft. Lauderdale, FL 33312 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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CR2E034B (12/01)

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 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 #

Steve Benbasat

3/28/03

954 961-9100