2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 26, 2001 8:00 am Secretary of State DOCUMENT # P99000002751 PROMOTIONAL PLASTICS, INC. 03-26-2001 90050 004 ***158.75 Principal Place of Business Mailing Address P.O. BOX 520 1452 L+R INDUSTRIAL BLVD TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34688 818097 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3601492 Not Applicable Zìp Country \$8.75 Additional Certificate of Status Desired. Fee Required Name and Address of New Registered Agent 6. Name and Address of FOIGHT, BERNARD). Box Number is Not Acceptable) 1026 CLASSIC DRIVE HOLIDAY FL 34691 Zip Code MIS SPELLED FL 8. The above named entity submits this sta agent, or both, in the State of Florida. SIGNATURE FOIGT Signature, typed or printed name of regi in reinstating) 9. This corporation is eligible to satisfy its ! 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do s Trust Fund Contribution. Added to Fees (See criteria on back) THIS IS CORRELT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICE 11. Change Addition TITLE FOIGT, BERNARD NAME 1026 CLASSIC DRIVE STREET ADDRESS CITY-ST-ZIP HOLIDAY FL 34691 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: