


Amended

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

FILED

03 SEP 22 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000018479	
1. Entity Name The Zone Promotions, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1000 Derek Lane Suite, Apt. #, etc.	3. Mailing Address 1000 Derek Lane Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Oldsmar, Florida	City & State Oldsmar, Florida	4. FEI Number 593568454	Applied For <input type="checkbox"/> Not Applicable
Zip 34677	Country USA	Zip 34677	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Rosanne E. Bosse		
Street Address (P.O. Box Number is Not Acceptable) 3829 Louis Circle		
City Tarpon Springs	FL	Zip Code 34689

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 Rosanne E. Bosse

DATE 9/17/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael R. Bosse 3829 Louis Circle Tarpon Springs Florida 34689	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200023234732 09/22/03--01042--001 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jonathan Brunson 2822 Bryan Rd. Brandon, FL 33511	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/ Sec. Treas. Rosanne E. Bosse 3829 Louis Circle Tarpon Springs Florida 34689	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosanne E. Bosse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 9/17/03

DATE

Daytime Phone #

CR2E034B (12/02)