CR2E034 (10/02

Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90337 028 \*\*\*158.75

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P99000050173 DOCUMENT #

1. Entity Name WDW PROMOTIONAL COMPANY, INC.



Principal Place of Business Mailing Address 165 WEST END AVE 11130 KINGSTON PIKE. STE. 1-184 KNOXVILLE TN 37922 KNOXVILLE TN 37922 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 58-2471785 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition PΠ ☐ Change TITLE ☐ Delete TITLE WINEGARDNER, DEAN NAME NAME STREET ADDRESS 3000 RIVER HAVEN POINT STREET ADDRESS KNOXVILLE TN 37922 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition SVT TITLE TITLE ☐ Delete SHIPMAN, JILL NAME NAME STREET ADDRESS 165 WEST END AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KNOXVILLE TN 37922 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 empowelled 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.