FILED Mar 26, 2002 8:00 am Secretary of State

FOR PROFIT CORPORATION LIMIFORM BUSINESS PEPORT (JIBR)

		d en			03-26-2002 901	01/01	4 ***150.00	
DOCUMENT # P9900095 870 1. Entity Name Sales prom, Inc.								
1. Entity Name								
Sales prom, Irr.								
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DO NOT WRITE II	VITHIS SP.	AC	E					
					B0050	9'9'n		
2. Principal Place of Business 3.			7	D0036	491			
914 Poinciana lane Same								
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State City & State					FEI Number		Applied For	7
Wister PARK FL					59-3627074		Not Applicable	<u>.</u>
Zip C Country	ıtry Zip Co		ountry		5 Certificate of Status Desired \$8.75 Additional			
32789 USA			Γ		Fee Required 7. Name and Address of Current Registered Agent			
	Name							
DO NOT WRITE			MARK Dlake					_
			Stroet Address (P.O. Box Number is Not Acceptable)					
IN THIS SPAC			1	TOTAL CALL			┪	
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			City W,	7-fe	es Park F	L "	32789	
8. The above named entity submits this statement for the p	surpose of changing its re-	gistere	ed office or regist	ered aç	gent, or both, in the State of Florida.			7
m , \sim	RID				-/2/-			
SIGNATURE ///arc)	186h				3/8/02	<u>し</u>		1
Signaum, typed or printed rame of registered agent and title			d Agest signature requir	ori when r	reastaing) DAIL			_
This corporation is cligible to satisfy its Intangible January 1 - May After May 1.			71 Fee IS \$150.00 Fee IS \$550.00		10r Election Campaign Financing		\$5.00 May Be	
Tax filing requirement and elects to do so (See criteria on back)	Amended l	JBR i	s \$61.25				Added to Fees	
	Make Check Payable	to De	epartment of St	ate				4
11. OFFICERS AND DIRECT	JORS	TITLE						Ⅎ
NAME MARK Blake	ı	NAM	ì					12/0
SIRLEI ADDRESS 914 POINCIANA LAN	د ` ا		ET ADDRESS					15
CHYST /P WINTER PARK F	2 32789_	CITY	SI ZiP					CR2E034B (12/01)
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 I hereby certify that the information supplied with this fil indicated on this report or supplemental report is true a 	ind accurate and that my :	signat	ure shall have the	same	legal effect as it made under eath; that	lamian d	officer or director	1
of the corporation or the receiver or trustee empowers attachment with an address, with all other like empowe	ru to execute this report a red.	s requ	med by Chapter	DU7, FIC	onde Statutes; and that my name appea	irs in Blo	ock 11 or on an	1
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED	NAME OF SIGNING OFFICER OF	DIRECT	ARKT B	-/57	14 3/8/06	Daythne Pf	010 #	
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