2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P99000108081. Apr 27, 2000 8:00 am Secretary of State 1. Entity Name RETAIL PROMOTIONS INCORPORATED 04-27-2000 90030 036 ***150.00 Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address 4549-G Tamiami Trail 4549-G Tamiami Trail Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE G City & State City & State 4. FEI Number Applied For Port Charlotte, Port Charlotte 65-0976743 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33980 Charlotte Fee Required 33980 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Robert W. Kormann 26460 Rampart Blvd Unit 213 Street Address (P.O. Box Number is Not Acceptable) Punta Gorda, Florida. 33983 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE P. D. C. Robert W. Kormann NAME NAME 26460 Rampart Blvd Unit 213 STREET ADDRESS STREET ADDRESS Punta Gorda, Florida 33983 CITY-ST-ZIP CITY-ST-ZIP V, T, S, D TITLE ☐ Delete TITLE Deborah S. Kormann NAME NAME STREET ADDRESS 26460 Rampart Blvd Unit 213 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Punta Gorda Florida -33983 ☐ Addition ☐ Delete TITLE Change 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-ZIP ☐ Delete TITLE Change ☐ Addition 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 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.

Robert W Kormann April 15, 2000 941-624-5050