2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111797

1. Entity Name

FAME TOURS, INC.

04-21-2000 90139 019 ***150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 13 PM 6:49

Principal Place of Business	Mailing Address
220 OLIVEWOOD CT. KISSIMMEE FL 34743	220 OLIVEWOOD CT. KISSIMMEE FL 34743

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
220 Olivewood Ct.	220 Olivewood Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee Fl.	City & State: Kissimmee, Fl.
Zip: 34743 Country: U.S.A.	Zip: 34743 Country: U.S.A.

4. FEI Number: 59-3621975 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BISSO, PAULA
2483 SHELBY CIRCLE
KISSIMMEE FL 34743

7. Name and Address of New Registered Agent

Name: JAck Withrow
Street Address (P.O. Box Number is Not Acceptable): 220 Olivewood Ct.
City: Kissimmee FL Zip Code: 34743

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] JAck Withrow 11-6-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: President NAME: JAck Withrow STREET ADDRESS: 220 Olivewood Ct. CITY-ST-ZIP: Kissimmee, Fl. 34743	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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.

AD

SIGNATURE: [signature] 2-5-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #