2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 19, 2000 8:00 am Secretary of State **DOCUMENT # \$28688** 1. Entity Name TOTAL EVENT AND MEETING PRODUCTIONS, INC. 04-19-2000 90085 043 ***158.75 Mailing Address Principal Place of Business 2640 HOLLYWOOD BLVD 1308 WASHINGTON STREET HOLLYWOOD FL 33019-1813 STE #121 HOLLYWOOD FL 33020 Principal Place of Business 3. Mailing Address HOLLYWOOD BLVD INLLYWOOD 231*8*-B DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0238193 FLORIDS FLORIDA LYWDOD Not Applicable LYWOOD \$8.75 Additional Country 5. Certificate of Status Desired 020 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KING, BENJAMIN B Street Address (P.O. Box Number is Not Acceptable) 1308 WASHINGTON STREET HOLLYWOOD FL 33019 Zip Code City 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 Fiorida SIGNATURE NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. Addition ☐ Delete TITLE Change TITLE NAME KING, BENJAMIN B. STREET ADDRESS STREET ADDRESS 1308 WASHINGTON STREET CITY-ST-ZIP CITY-ST-7tP HOLLYWOOD FL ☐ Change Addition ☐ Delete TITLE TITLE KING, TINA NAME NAME STREET ADDRESS STREET ADDRESS 1308 WASHINGTON STREET CITY-ST-ZIE CITY-ST-ZIP HOLLYWOOD FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition □ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR