2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S59354 DOCUMENT

1. Entity Name

OFF THE WALL PROMOTIONS, INC.



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90082 038 ***150.00

			100	WE THE			
Principal Place of Business 1906 NE 6TH ST DEERFIELD BEACH FL 33441 US		Mailing Address 1906 NE 6TH STREET DEERFIELD BEACH FL 33441 US			(JERNIJAKE KAN RIKKA (AKAR) KAN RIKKI KAN		
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 65-0281561 Applied For		
Zip	Country	Zip	Country		Not A	pplicabl	
	6. Name and Address of Current	Registered Agent			5. Certificate of Status Desired \$8.75 Addition Fee Required 7. Name and Address of New Registered Agent	nai	
SMO IVEE	, WALTER		Name		7. Name and Address of New Registered Agent		
1906 NE (•		Street A	ddress (P.O	O. Box Number is Not Acceptable)		
	D BEACH FL 33441		 				
			City				
8. The above	named entity submits this statement for	If the ournose of changing it	1		FL Zip Code I agent, or both, in the State of Florida. I am familiar with, and		
the obligati	ons of registered agent.	rate parpose of onlying in	is registered office of	registered	agent, or both, in the State of Florida. I am familiar with, and	accept	
SIGNATURE _							
	Signature, typed or printed name of registered agent (and title if applicable. (NO	TE: Registered Agent signatu	ure required whe	en reinstating) DATE	_	
After Make Check	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	1			9. Election Campaign Financing \$5.00 M Trust Fund Contribution.		
TITLE	OFFICERS AND DPST		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	11	
NAME STREET ADDRESS	SMOJVER, WALLY 1906 NE 6TH STREET DEERFIELD BEACH FL 33441	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP		☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Change ☐	Addition	
TITLE		☐ Delete	TITLE		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	~ ~·· ~			
ITLE IAME TREET ADDRESS ITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7	☐ Change ☐ A	Addition	
TLE AME TREET ADDRESS TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ A	Addition	
TLE AME REET ADDRESS TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Addition	
I hereby cer indicated on of the corpo- changed, or	tify that the information supplied with the this report or supplemental report is the ration or the receiver or trusted empoyon an attachment with an address, with the receiver of the receiver or trusted empoyon an attachment with an address, with the receiver of the re	n all other like empowered.	the exemption stated by signature shall have as required by Chapte	d in Section e the same er 607, Flori	o 119.07(3)(i), Florida Statutes. I further certify that the informate legal effect as if made under oath; that I am an officer or direction statutes; and that my name appears in Block 10 or Block	ition ector 11 if	

SIGNATURE:

> JING D SIGNATURE AND ED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 3600906