FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

STREET ADDRESS

CITY-ST-7IP

FILED Apr 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V02615 (5)EVENT MARKETING AND MANAGEMENT INTERNATIONAL, IN Principal Place of Business Mailing Address 1327 N MILLS AVE 1322 NORTH MILLS AVENUE ORLANDO FL 32803 ORLANDO FL 32803 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/23/1991 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 1102 Not Applicable 59-3098349 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. [☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name DANIELS, JERE F. 147 WEST LYMAN AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 WINTER PARK FL 32789 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Bog stored Agent signsfore required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, DELETE Change TITLE 1.1 TITLE NAME HUGHES, JON A. 1.2 NAME STREET ADDRESS 1623 WYCLIFF DR. 1.3 STREET ADDRESS ORLANDO FL 1.4 City-St-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE HUGHES, DOROTHY E. 2.2 NAME NAME 1623 WYCLIFF DR. 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition 4.1 THEF TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREFT ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-7IP CITY-S1-ZIP TITLE DELETE Change Addition 61 TITLE 6.2 NAME NAME

> 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

> > ulblas

14. Thereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.