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APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. His Majesty's Magical Mystery Tour
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")
6767 20th Street

Mailing Address of Business
Vero Beach, FL 32966
City State Zip Code

3. Florida County of principal place of business: _____
Indian River County
(see instructions if more than one county)

542352

This space for office use only

Section 2

A. Owner(s) of Fictitious Name if Individual(s): (Use an attachment if necessary):

1. Last First M.I. Address City State Zip Code

2. Last First M.I. Address City State Zip Code

B. Owner(s) of Fictitious Name if other than an individual: (Use attachment if necessary):

1. Central Assembly of God, Inc.
Entity Name
6767 20th Street
Address
Vero Beach FL 32966
City State Zip Code
Florida Registration Number _____
FEI Number: _____
 Applied for Not Applicable

2. Entity Name Address City State Zip Code Florida Registration Number FEI Number: _____
 Applied for Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

[Signature] 11-26-08
Signature of Owner Date
Phone Number: 772-562-4505

Signature of Owner Date
Phone Number: _____

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner Date Signature of Owner Date

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30

NON-REFUNDABLE PROCESSING FEE: \$50