FILED

2003 FOR PROFIT CORPORATION

Apr 11, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** DOCUMENT # 854237 04-11-2003 90116 037 ***150.00 1. Entity Name MATRIX* SALES & MARKETING INCORPORATED Principal Place of Business Mailing Address 111 E CENTRAL AVE P O BOX 236 SUITE 111 YALAHA FL 34797 HOWEY IN THE HILLS FL 34737 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1953165 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURNS, ROBERT J. Street Address (P.O. Box Number is Not Acceptable) 8215 OAK ST. **BOX 236** YALAHA FL 34797 Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE **PCEO** ☐ Delete TITLE ☐ Change Addition BURNS, ROBERT J. NAME NAME STREET ADDRESS 8215 OAK ST. STREET ADDRESS CITY-ST-ZIP YALAHA FL CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME EDINGTON, LORRAINE E. NAME STREET ADDRESS STREET ADDRESS 8215 OAK ST. CITY-ST-ZIP CITY-ST-ZIP YALAHA FL Change TITLE TITLE ■ Addition AVP Danna-L-Hammond NAME WALTON, GALE L NAME STREET ADDRESS 27645 LOIS DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAVARES FL Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied in 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 pepert 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 triples empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment

SIGNATURE: