

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <i>F99000003106</i>			
1. Entity Name CENTRAL MARKETING SERVICES INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		30 IRVING PLACE	
City & State		City & State	
Zip		Zip	
Country		Country	
		NEW YORK NY	
		10003 USA	
		4. FEI Number	
		13-2838838	
		Applied For	
		Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name			
CORPORATION SERVICE COMPANY			
Street Address (P.O. Box Number is Not Acceptable)			
1201 HAYES STREET			
City			
TALLAHASSEE FL			
Zip Code			
32301			
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 _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
January 1 - May 1 Fee is \$150.00		9. Election Campaign Financing	
After May 1, Fee is \$560.00		Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be	
Amended UBR is \$61.25		Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	PRESIDENT	TITLE	
NAME	CAROL MCMAHON	NAME	
STREET ADDRESS	225 EAST 73RD ST PH-A	STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 10021	CITY - ST - ZIP	
TITLE	VICE-PRES/TREASURER	TITLE	
NAME	PATRICK MCMAHON	NAME	
STREET ADDRESS	276 AGOR LANE	STREET ADDRESS	
CITY - ST - ZIP	MAHOPAC, NY 10541	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DO NOT WRITE IN THIS SPACE			
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. 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 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		PRESIDENT	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		03-29-03	
		Daytime Phone #	

CR2E034B (12/02)