2002 UNIFORM BUSINESS REPORT (UBR)

May 23, 2002 8:00 am Secretary of State P00000095647 DOCUMENT # 1. Entity Name 05-23-2002 90026 050 ***150 00 FIRST IMAGE MARKETING, INC. Principal Place of Business Mailing Address 1441 S.W. 29TH AVE. 1441 S.W. 29TH AVE. POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0680967 Not Applicable Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name PULEO, MARC Street Address (P.O. Box Number is Not Acceptable) 1441 S.W. 29TH AVE. POMPANO BEACH FL 33069 Zip Code City 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. SIGNATURE ent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 ~ ~ .9. "This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) TITLE ☐ Delete PULEO. MARC NAME NAME 1441 SW 29TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP Change -☐ Addition ☐ Delete TITLE NAME NAME. 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP M Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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13." 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 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 11 or Block 12 if

SIGNATURE:

CITY-ST-ZIP

SIGNATURE MAQUIRED
SIGNATURE AND TYPED OR PRINTED NAME DESIGNING OFFICER OR DIRECTO

4-30-02 Date

954-802-4008

Daytime Phone #

FILED