

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State
 04-19-2000 90113 044 ***150.00

DOCUMENT # *P95000007720*
 1. Entity Name
OPM Marketing, Inc

Principal Place of Business Mailing Address
 3335 N. Edgewood Avenue 4215 Southpoint Boulevard
 Jacksonville, FL 32254 Jacksonville, FL 32216

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. P. O. Box 551260
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Jacksonville, FL 32255
 Zip Country Zip Country

4. FEI Number Applied For
 59-3293239 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

00033109

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Lewis Ansbacher
 100 National Financial Building
 4215 Southpoint Boulevard
 Jacksonville, FL 32216

7. Name and Address of New Registered Agent
 Name Lewis Ansbacher
 Street Address (P.O. Box Number is Not Applicable)
 5150 Belfort Road, Building 100
 City Jacksonville FL 32256

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 of Person Filing Statement Signature of Registered Agent DATE

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS	
DVST Portnoy, Jerry 3335 North Edgewood Avenue Jacksonville, FL 32205	<input type="checkbox"/> Delete
DP Passink, Richard 3335 North Edgewood Avenue Jacksonville, FL 32205	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 reports 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 changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: *[Signature]* *Richard S. Passink 2/3/02* 904-355-7678
 SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Corporate Phone #