

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000060038 (3)
 1. Corporation Name
THE MARKETING GROUP INTERNATIONAL, INC.

1992
 98 SEP 30 AM 10:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
635 EUCLID AVENUE
103
MIAMI BEACH FL 33139

Mailing Address
635 EUCLID AVENUE
103
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

SADRI, PAOLO
635 EUCLID AVENUE
103
MIAMI BEACH FL 33139

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83	City	
84	Zip Code	FL

3. Date Incorporated or Qualified: **08/03/1995**

4. FEI Number: **65-0599868** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, type or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	[] DELETE	1.1 TITLE	[] Change [] Addition
NAME	SADRI, PAOLO		1.2 NAME	
STREET ADDRESS	635 EUCLID AVENUE		1.3 STREET ADDRESS	200002655952-4
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP	-10/05/98--01133--001
TITLE		[] DELETE	2.1 TITLE	****150.00 ****150.00
NAME			2.2 NAME	[] Change [] Addition
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		[] DELETE	3.1 TITLE	[] Change [] Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		[] DELETE	4.1 TITLE	[] Change [] Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		[] DELETE	5.1 TITLE	[] Change [] Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		[] DELETE	6.1 TITLE	[] Change [] Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. 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 annual report or supplement annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sadri

9-8-98 305-532-7233

CR2E034 (5/98)



2002

Division of Corporation
Annual Reports
P.O. Box 6327
Tallahassee, FL 32314

RE: The Marketing Group International Inc.
DBA TMG Productions
Corporation Annual Report
FIN: 65-0599868

Dear Sir or Madam:

In regard to the above corporation, please note that I am the only stockholder, officer, director and the person that writes all checks. My parents live out of the country. One of my parents was very ill and I spent most of the last eight months traveling to their home and trying to take care of my mother.

As a result of the illness in my family I was not able to file the enclosed form in a timely manner. I have enclosed \$150.00 and kindly request that you abate the penalty as a result of the illness in my family. I have always been timely in the past and attend to do so in the future.

Thank you in advance for the consideration and understanding of the illness in my family.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Paolo Sadri', written in a cursive style.

Paolo Sadri