

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91521 026 ***150.00

DOCUMENT # P95000097448

1. Entity Name

Direct Response Marketing Of Orlando, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7033 Stapoint Court

3. Mailing Address

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Winter Park, FL

City & State

4. FEI Number

59-3349760

Applied For

Not Applicable

Zip

32792

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

W.J. Latvala

Street Address (P.O. Box Number is Not Acceptable)

7033 Stapoint Court, STE A

City

Winter Park,

FL

Zip Code
32792

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

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

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President
NAME: W.J. Latvala
STREET ADDRESS: 7033 Stapoint Ct Winter Park
CITY - ST - ZIP: Florida 32792

TITLE: Vice President
NAME: Charles Barnett Jr.
STREET ADDRESS: 7033 Stapoint Ct Winter Park
CITY - ST - ZIP: Florida 32792

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY - ST - ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY - ST - ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY - ST - ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY - ST - ZIP: [Blank]

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

Date

(407)677-5478

Daytime Phone #

CR2E034B (12/01)