2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

DOCUMENT# P96000041574

Entity Name: AVALON MARKETING SERVICES, INC.

Current Principal Place of Business:

1217 OBISPO AVE.
CORAL GABLES, FL 33134

New Principal Place of Business:

1801 SE HILLMOOR DRIVE
SUITE A-110
PORT ST. LUCIE, FL 34952 US

Current Mailing Address:

1217 OBISPO AVE.
CORAL GABLES, FL 33134

New Mailing Address:

1801 SE HILLMOOR DRIVE
SUITE A-110
PORT ST. LUCIE, FL 34952 US

FEI Number: 65-0699380 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOFFMAN, TRISH A
1217 OBISPO AVE.
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

HOFFMAN, DONALD B
1801 SE HILLMOOR DRIVE
SUITE A-110
PORT ST. LUCIE, FL 34952 US

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: DONALD B. HOFFMAN, JR. 04/29/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HOFFMAN, TRISH A
Address: 1217 OBISPO AVE
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HOFFMAN, TRISH A
Address: 1801 SE HILLMOOR DRIVE, SUITE A-110
City-St-Zip: PORT ST. LUCIE, FL 34952 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRISH A. HOFFMAN PD 04/29/2002
Electronic Signature of Signing Officer or Director — Date