2000 UNIFORM BUSINESS REPORT (UBR)

May 05, 2000 8:00 am Secretary of State DOCUMENT # P98000012083 W.L. MARKETING GROUP, INC. 05-05-2000 90020 011 ***150.00 Principal Place of Business Mailing Address 2422 WILTON DRIVE 2422 WILTON DRIVE WILTON MANORS FL 33305-1251 WILTON MANORS FL 33305 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Applied For 65-0831131 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NEZBETH, JAMES C Street Address (P.O. Box Number is Not Acceptable) 2422 WILTON DRIVE WILTON MANORS FL 33305 Zip Code FL 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 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD Change Addition ☐ Delete TITLE TITLE NAME NEZBETH, JAMES C NAME STREET ADDRESS STREET ADDRESS 810 NW 39TH STREET CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Change ☐ Addition TDSD ☐ Delete TITLE TITLE. WHEELER, STEVEN J NAME NAME STREET ADDRESS 810 NW 39TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33309 _ ... Change ... 🔲 Addition. TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Detete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 peport 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 audress, with all other like empowered

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/26/00 561.659-8069

FILED