## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 03, 2002 8:00 am Secretary of State **DOCUMENT #** P99000055732 1. Entity Name 05-03-2002 90155 019 \*\*\*150.00 SRS MARKETING INC. Principal Place of Business Mailing Address 2800 EAST COMMERCIAL BLVD STE 208 2800 EAST COMMERCIAL BLVD STE 208 FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address 235 Comm 235 Commercia Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE *⊋o₁* 30 I City & State 4. FEI Number Applied For .Auderdalr-bu-the-Sea 65-0933333 Auder dA te - by-The-XA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 30 K B) ACOUNT Rlonma Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KATZ, ALLEN H Street Address (P.O. Box Number is Not Acceptable) 2800 EAST COMMERCIAL BLVD STE 208 FT LAUDERDALE FL 33308 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete TITLE SPENCE, SAMUEL R SPENCE, SAMUEL R NAME 5461 N FEDERAL HWY 235 Connercial Blud. #201 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-ZIP LANderdate - by - the - SeA, FL 33308 TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change [ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this ming indicated on this report or supplemental report is true and of the corporation of the receiver or trustee empowered to es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information qurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director cuts this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if trustee empov changed, or on an all

Daytime Phone #

SIGNATURE: