2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P9600005442 MARKETING LIAISONS INC. 04-28-2001 90078 006 ***150.00 Mailing Address Principal Place of Business 1445 N.E. 17TH AVENUE 1445 N.E. 17TH AVENUE FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0640191 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FOTI, VINCENT F Street Address (P.O. Box Number is Not Acceptable) 1445 N.E. 17TH AVENUE FORT LAUDERDALE FL 33304 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ■ Addition Delete TITLE TITLE NAME FOTI, VINCENT F NAME STREET ADDRESS STREET ADDRESS 1445 N.E. 17TH AVENUE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33304 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP I hereby certify that the information supplied with this filing does not qualify for the exemptio indicated on this report or supplemental eport is true and that my signatures stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath, that I am an officer or director during by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if securate and that my signature xecute this report as reguired of the corporation or the receiver or tustee empowered to changed, or on an attachment with an address, with all other ike empowered