

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90039 035 ***150.00

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DOCUMENT # 561158			
1. Entity Name INNOVATIVE MARKETING INCORPORATED			
Principal Place of Business 3401 CHERRY GARDEN CIRCLE LAUDERHILL FL 33319		Mailing Address 3401 CHERRY GARDEN CIRCLE LAUDERHILL FL 33319	
2. Principal Place of Business 1716 ANNANDALE CIRCLE		3. Mailing Address 1716 ANNANDALE CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ROYAL PALM BEACH		City & State ROYAL PALM BEACH, FL	
Zip 33411	Country USA	Zip 33411	Country USA
6. Name and Address of Current Registered Agent GORA, MICHAEL H % HODGSON, RUSS, ANDREWS, ETAL 2000 GLADES RD, STE 800 BOCA RATON FL 33431		4. FEI Number 59-1806739 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		Applied For Not Applicable	
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 <u><i>Neil Bronstein</i></u> DATE <u><i>4-6-02</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRONSTEIN, NEIL 3401 CHERRY GRDN CR → 1716 ANNANDALE CIR LAUDERHILL, FL 00000 → ROYAL PALM BEACH FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Neil Bronstein* **REQUIRED** *4-6-02* *561/784-8950*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)