

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91096 009 \*\*\*150.00

<b>DOCUMENT # 575271</b> 1. Entity Name <b>BROWN DIRECT MAIL/MARKETING SERVICES, INC.</b>			
Principal Place of Business 866 NE 20 AVE FORT LAUDERDALE, FL 33304		Mailing Address 866 NE 20 AVE FORT LAUDERDALE, FL 33304	
2. Principal Place of Business <b>4401 NW 124 AVE</b>		3. Mailing Address <b>4401 NW 124 AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>CORAL SPRINGS, FL</b>		City & State <b>CORAL SPRINGS, FL</b>	
Zip <b>33065</b>		Zip <b>33065</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-1823177</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  SOUTH FLORIDA REGISTERED AGENTS INC NEW RIVER CENTER, 200 E. LAS OLAS BLVD. STE 1900 FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name <b>GARY BROWN</b> Street Address (P.O. Box Number is Not Acceptable) <b>4401 NW 124 AVE</b> City <b>CORAL SPRINGS</b> FL Zip Code <b>33065</b>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <small>(Signature, typed or printed name of registered agent and title if applicable)</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>BROWN, GARY</b> <b>866 NE 20 AVE</b> <b>FORT LAUDERDALE, FL 33304</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4401 NW 124 AVE</b> <b>CORAL SPRINGS FL 33065</b>
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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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
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____	
Date _____		Daytime Phone # _____	

CR2E034 (10/02)