2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003147

Title:

Name:

Address:

City-St-Zip:

Entity Name: ARTEMIS MARKETING CORP.

FILED Feb 18, 2009 Secretary of State

Littly Nan	IIE. ARTEMIO	WARRETING CORF.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
400 PERIM ATLANTA,		R TERRACE, SUITE 800					
Current Mailing Address:			New Mailing Address:				
400 PERIM ATLANTA,	ETER CENTE GA 30346	R TERRACE, SUITE 800					
FEI Number:	59-3029386	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status D	esired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
100 NORTI TAMPA, FL The above	IPER US LLP H TAMPA STR - 33602 US named entity s	EET, SUITE 2200 ubmits this statement for the pu	urpose of changing i	ts registered offi	ce or registered ag	gent, or both,	
in the State							
SIGNATUR		ic Signature of Registered Age	nt		Date		
Election Cam	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () BUCKLEY, STE 11540 HIGHWA SEFFNER, FL 3	Y 92 EAST	Title: Name: Address: City-St-Zip:	()C	hange () Addition		
Title: Name: Address: City-St-Zip:	VPT () STEIN, LEWIS 11540 HIGHWA SEFFNER, FL 3		Title: Name: Address: City-St-Zip:	DVT (X) C STEIN, LEWIS 11540 HIGHWAY SEFFNER, FL 33			
Title: Name: Address: City-St-Zip:	VPS () SHEER, JAMIE 11540 HIGHWA SEFFNER, FL 3		Title: Name: Address: City-St-Zip:	VS (X) C SHEER, JAMIE 11540 HIGHWAY SEFFNER, FL 33			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LEWIS STEIN DVT 02/18/2009

() Delete

400 PERIMETER CENTER TERRACE STE 800

WEITZNER, PÉTER

ATLANTA, GA 30346

() Change () Addition