


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90209 031 \*\*\*150.00

<b>DOCUMENT # F78744</b>					
1. Entity Name <b>ADVANCED MARKETING STRATEGIES, INC.</b>					
Principal Place of Business <b>1300 FUNSTON STREET HOLLYWOOD, FL 33019</b>			Mailing Address <b>1300 FUNSTON STREET HOLLYWOOD, FL 33019</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2226356</b>	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>CITRON, MERRILL 1300 FUNSTON STREET HOLLYWOOD, FL 33019</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when alternating)</small>					
<p><b>FILE NOW! FEE IS \$160.00</b> <b>As of May 1, 2003, the unit fee is \$150.00</b> <b>Make Checks Payable to Florida Department of State</b></p>			<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b></p>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CITRON, DALIA</b>	NAME			
STREET ADDRESS	<b>1300 FUNSTON STREET</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>HOLLYWOOD, FL 00000,</b>	CITY-ST-ZIP			
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CITRON, MERRILL</b>	NAME			
STREET ADDRESS	<b>1300 FUNSTON STREET</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>HOLLYWOOD, FL 00000,</b>	CITY-ST-ZIP			
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CITRON, DAVID</b>	NAME			
STREET ADDRESS	<b>1300 FUNSTON STREET</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>HOLLYWOOD, FL</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Merrill Citron</i>			05-05-2003		954-921-0322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

CR2E034 (10/02)