2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # F92000000786 Apr 26, 2000 8:00 am Secretary of State JLM MARKETING, INC. 04-26-2000 90458 001 ***450.00 Mailing Address Principal Place of Business 8675 HIDDEN RIVER PKWY. 8675 HIDDEN RIVER PKWY. TAMPA FL 33637-2086 **TAMPA FL 33637** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 06-1343718 Not Applicable Country \$8.75 Additional 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 Name axwell Stolzberg WHITE ESQ., JOHN T. Street Address (P.O. Box Number is Not Acceptate 8675 Hidden River 8675 HIDDEN RIVER PARKWAY TAMPA FL 33637 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State VP NOTE PARAGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Tony D. Croske 8675 Hidden River Aarkway ☐ Delete TITLE WALTER, TARPLEY NAME NAME STREET ADDRESS STREET ADDRESS 8675 HIDDEN RIVER PKWY. Tampa, FL 33637 CITY-ST-ZIP CITY-ST-ZIF TAMPA FL 33637 VP.Sales ☐ Change Addition ☐ Delete TITLE TITLE Jerry A. Dunn 8625 Hidden River Parkway MUSTO, FRANK A NAME NAMÉ STREET ADDRESS 8675 HIDDEN RIVER PKWY. STREET ADDRESS Tampa, F4 33637 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Delete ☐ Change Addition TITLE MOLINA, MICHAEL J NAME NAME 8675 HIDDEN RIVER PKWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Delete ☐ Change ■ Addition TITLE NAME LELEK, TED J NAME STREET ADDRESS 8675 HIDDEN RIVER PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33637 Delete ☐ Change ☐ Addition TITLE TITLE WHITE, JOHN T. NAME NAME STREET ADDRESS 8675 HIDDEN RIVER PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33637** Delete ☐ Change ☐ Addition DVP TITLE TITLE KIMBELL, W.J. NAME NAME STREET ADDRESS STREET ADDRESS 8675 HIDDEN RIVER PARKWAY CITY-ST-ZIP **TAMPA FL 33637** CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)