FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

AMENDED

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DOCUMENT # F 95 000001950				
Business Sampler Marketing Inc			02 SEP 20 AM 8: 55	
DusiNess DAMPLER MARKETING ZNC			OF OMETICAL OF O	TATE
		<u> </u>	J SECRETARY OF S' TALLAHASSEE, FLO	
DO NOT WRITE IN THIS SPACE			90000798	27391
			-09/24/02- *****61.25	-01042029 *****61.25
2. Principal Place of Business	rincipal Place of Business  O. Box 6//3  3. Mailing Agress  Box 6//3			-
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Jensen Beach FL	Jensey Bea	ich FZ	4. FEI Number - 88661	Applied For Not Applicable
34957 Country SA	34957	Country's A		\$8.75 Additional Fee Required
		Name ***	7. Name and Address of Current Registered	Agent
l Jakes I. Dikel				
IN THIS SPACE  Street Address (P.O. Box Number is Not Acceptable) BLvd. # B 200				
114 11113 31	ACE			
City I wart FL 399994				
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 Jones J. Bird Mosicant 9/16/62				
Sprict 6, typed or printed named of registered agent and take if applicable. (NOTE: Registered Agent signature required when reinfating)  DATE  This componants is shighly to satisfy its Intangible.  January 1 - May 1 Fee is \$150.00				
Tax filing requirement and elects to do so.  After May 1, Fee is \$550.00  Amended LIBP is \$61.25			10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
(See criteria on back)  11. OFFIGERS AND	Make Check Payable	to Department of Sta	te .	
TITLE PRESIDENT	. /	TITLE		
STREET ADDRESS 1550 N.E. OCC.	BLUD. HBZQI	NAME STREET ADDRESS		3 (12
CITY-ST-ZIP Stuant FL	34996	CITY-ST-ZIP		CR2E034B (12/01)
TITLE NAME		TITLE NAME		CRZE
STREET ADDRESS CITY-SI-ZIP		STREET ADDRESS		
TITLE		CITY-ST-ZIP TITLE		
NAME Street Address		NAME STREET ADDRESS		
CITY-ST-ZIP	STREET AL		DO NOT WRITE	
TITLE NAME	-	TITLE S SE	IN THIS SPACE	Œ
STREET ADDRESS		STREET ADDRESS		_
CITY-ST-ZIP TITLE	- 4	CITY-ST-ZIP		
NAME		NAME		
STREET ADDRESS CITY-SI-ZIP		STREET ADDRESS CITY-ST-ZIP	•	
TILE		TITLE		
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-2IP		
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 on an				
attachment with an address, with all other like empowered.				
SIGNATURE: JAMES J. BIRD 9 14 6 772 334-9208				
Pode Deyuma Priorie				
- 120/02				