FILED

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CR2E034 (10/02)

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

Secretary of State F97000002391 DOCUMENT # 01-23-2003 90193 032 ***150.00 1. Entity Name CARTEL MARKETING, INC. Principal Place of Business Mailing Address 16501 VENTURA BLVD. SUITE 300 16501 VENTURA BLVD. SUITE 300 ENCINO CA 91436 ENCINO CA 91436 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 95-3984169 Not Applicable Country Zip Country Zip \$8.75 Additional s. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition TITLE ☐ Delete ☐ Change HUMPHREYS, ROBERT M NAME NAME 31431 MULHOLLAND HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MALIBU CA 90265 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME EDELSTEIN, JACK L NAME STREET ADDRESS STREET ADDRESS 2003 OBERLIN AVE CITY-ST-ZIP THOUSAND OAKS CA 91360 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP

SIGNATURE:

I hereby certify that the information supplied wit indicated on this report or supplemental report.

of the corporation or the receiver changed, or on an attachment w

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does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if