**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # F9800001329 1. Corporation Name

UNITED TELEMARKETING CORPORATION, INC.

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90273 035 \*\*\*150.00



Principal Place of Business Mailing Address						-{	i Ci
,		121 HAMPTON AVENUE					
KINGSTREE SC 29556 KINGSTREE SC 29556							
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	1
2. Principal Place of Business 2a. Mailing Address						03/09/1998 4. FEI Number Applied For	
<u> </u>		<u></u> — •	Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			57-1045933 Not Applica \$8.75 Additional	_	
22 27		<u> </u>	<del></del>			5. Certificate of Status Desired Fee Required_	- {
City & State		City & State			6 Floation Compaign Financing \$5.00 May D	$\neg \neg$	
23		28			Trust Fund Contribution Added to Fees	- 1	
Zip Country Zip		+	Country			8. This corporation owes the current year intangible	
24	25 29 30		0			Personal Property Tax. ☐ Yes ☐ No	}
	9. Name and Address of Curre					10. Name and Address of New Registered Agent	
			81	N	ame		Ì
ROMANELLO, DUANE C ESQUIRE			82	S	reet Addres	ass (P.O. Box Number is Not Acceptable)	
353 EAST FORSYTH STREET			02		neet Addie.	ass (i.e. box risinger is reconscion	
JACKSONVILLE FL 32202			83				
			84	c	····	<b>■</b> 85 Zip Code	
			04	Έ	ity	FL   s   z   coue	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by					med corpo	pration submits this statement for the purpose of changing its registere	d
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut ations of, Section 607.0505, Florid	norized by la Statutes	tne S.	corporation	n's board of directors. I hereby accept the appointment as registered	
SIGNATURE							
- OIGHT TOTAL	Signature, typed or printed name of registered ag-			nt sigr	ature required v	when reinstating) DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	☐ DELETE	1.1 TITLE			☐ Change ☐ Ado	Поп
NAME	HOLT, DENNIS F		1.2 NAME		1		
STREET ADDRESS			1.3 STREET				)
CITY-ST-ZIP	LOS ANGELES CA 90069	□ psiste	1.4 CITY-ST-2			Chara DA4	lition
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NAME	HOLT, BROOKS		2.2 NAME				- }
STREET ADDRESS	8544 SUNSET BOULEVARD		2.3 STREE				
CITY-ST-ZIP	LOS ANGELES CA 90069	□ nei ext	2. 4 CITY-5		<u>'</u>	Colonia Charles	ition
TITLE	·	☐ DELETE	3.1 TITLE			☐ Change ☐ ☐ Add	iuon
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	_			
CITY-ST-ZIP		☐ DELETE	3.4, CITY- 5	ST-ZIF	<u>'</u>	☐ Change ☐ Add	ition
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NAME		· · · · · · · · · · · · · · · · · · ·			}		ļ
STREET ADORESS			4.3 STREE		RESS		
CITY-ST-ZIP TITLE							Ì
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1		☐ DELETE	5,1 TITLE	T-ZIP		Change Add	lition
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NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	T ADD	RESS	☐ Change ☐ Add	

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in trees, with all other like empowered. 14. I hereby certify that the information supplied with this indicated on this annual reportion supplemental annual officer or director of the o Block 12 or Block 13 if ch

**SIGNATURE:** 

CITY-ST-ZIP