FOR PROFIT CORPORATION UNIFORM BUSINES REPORT (UBR)

DOCUMENT # G29704

1. Entity Name

TWIN STATES MARKETING COMPANY, INC.

attachment with an address, with all other like empowered

SIGNATURE:



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91298 022 ***150.00

DO NOT WRITE IN THIS SPACE

					1	11023377		
. Principal Place of 10293 100	Business STREET, SOUTH	3. Mailing Address 951 SW 4TH A	3. Mailing Address 951 SW 4TH AVE					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State BOYNTON BEACH FL		City & State BOCA RATON,	N, FL		4. FI	El Number	Applied For Not Applicable	
Zip 33437	Country USA	Zip 33432-5803	Country		5 . C	ertificate of Status Desired	\$8.75 Additional Fee Required	
		and the respective and the results of the continuent.		7. Name and Address of Current Registered Agent				
			14	Name				
	DO NOT W	RILE		Street Address		(P.O. Box Number is Not Acceptable)		
	IN THIS SP							
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		n and the first of the second		City		FL	Zip Code	
. The above name	d entity submits this statement f	or the purpose of changing it	s registere	ed office or re	gistered age	nt, or both, in the State of Florida. I am I	<u> </u>	
the obligations of		ar are perpendian arranging a	a . a g. a . a .		9.0.0.00.290		anna min, and addapt	
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GNATURESignature	e, typed or printed name of registered ageni	t and litle if applicable. (NO	TE: Registered	d Agent signature	required when rein	<u> </u>		
· · · · · ·	1 - May 1 Fee is \$150.00			9 9			 	
After	May 1, Fee is \$550.00					Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be	
	inded UBR is \$61.25 ble to Floride Department o	f State				Trust Fund Contribution.	Added to Fees	
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12. Thereby 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 empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or or an

PRESIDENT