2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J73188 1. Entity Name MARKETING TALENT NETWORK, INC.					Apr 09, 2002 8:00 am Secretary of State 04-09-2002 90053 003 ***150.00	
Principal Place of Business 987 PINETREE DR INDIAN HARBOUR BEACH FL 32937 US Mailing Address 987 PINETREE DR INDIAN HARBOUR BEACH FL 32937 US						
2. Principal Place of Business 1355 S. Fatrolic Dr. 3. Mailing Address 1355 S. Fatrolic Dr. Suite, Apt. #, etc.			nda Dr			
City & State	lite Beach, FL	SATELLITE E	Beach, #	.Z. 4	4. FEI Number 59-2812678 Applied For Not Applicable	
Zip	32937 Country /	zip32937	Country		5. Certificate of Status Desired	
	6. Name and Address of Current F		Name	7	7. Name and Address of New Registered Agent	
WOOD WALTED C						
WOOD, WALTER C 10320 SO TROPICAL TR. Street Address of				dress (P.O	D. Box Number is Not Acceptable)	
MERRITT ISLAND FL 32952			13	355 S. Patrick Dr.		
			City S	Satellite Beach FL Zip Cod 32937		
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.						
SIGNATURIS Signature, cody or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tile NOW!!! FEE IS \$150.00				0.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11.	OFFICERS AND I		12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOD, WALTER 139 ELLWOOD AVE SATELLITE BCH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	455 Sata	Sandpiper Dr. 5 Sandpiper Dr. 6 Uite Beach FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOD, WALTER 139 ELLWOOD AVE SATELLITE BCH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	455 Sate	Sand Piper Dr. 2 llite Beach KL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete _	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET AODRESS CITY-ST-ZIP		Oelete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Change Addition	
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 trusteg 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.						

SIGNATURED LUHERC. CUbod 3/24/02 321-179-1016