2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # K61324 1. Entity Name PRO-MARK INTERNATIONAL, INC. 05-07-2003 90173 016 ***150.00 Principal Place of Business Mailing Address **5763 MINING TERRACE** P.O. BOX 57427 JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32241-7424 2. Principal Place of Business Mailing Address Suffe Ant. # etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES √City & State Applied For City & State 4. FEI Number 59-2933142 Not Applicable Zip Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KATZ, B. PAUL 4 OLD KINGS RD N Street Address (P.O. Box Number is Not Acceptable) STE. B PALM COAST, FL 32037 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or regis the obligations of registered agent. Signature, typed or printed name of expisioned agent and title if applicable (NOTE Registries Agentsignature requ FILE NOWIN-FEE IS \$150.00 After May 1; 2003 Fee Will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE NA MÉ KEEVERS, THOMAS MALIF STREET ADDRESS 5763 MINING TERRACE STREET ADDRESS JACKSONVILLE, FL 32257 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete. TOLE KEEVERS, PAULETTE NAME NAMÉ STREET ADDRESS **5763 MINING TERRACE** STREET ADDRESS CITY-51-2P JACKSONVILLE, FL 32257 Cf1Y-ST-21P 1111 6 ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-51-2P CITY-ST-2IP ☐ Delete NAME: STHEET ADDRESS STREET ADDRESS CITY-ST-2P CRY-ST-ZIP TITLE ☐ Delete NAME MALES STREET ADDRESS STREET ADDRESS 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver of mustee/empowered to execute this report as required by Chapter 6 changed, or on an attachment with an address, with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 07, 2003 8:00 am Secretary of State

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Section 1	19.07	(3)(i), Fions	la Statute:	s. I further	certify	that the in	nformation	
të same ⊧ 307 Florid	egal e	flect as if m	nade unde	r oath; thi	atiam	an officer	or director Block 11 if	
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P.O. Box 57427

Jacksonville, Florida 32241-7427

Telephone: (904) 880-1881 Fax: (904) 880-1873

May 5, 2003

Florida Department of State Division of Corporations P O Box 6327 Tallahassee, Florida 32314

Re: 2003 Uniform Business Form

To Whom It May Concern;

Today I called your office at 850-245-6059 and spoke with Michele. I was calling to be sure that our check #6289 dated on March 27th was received by your office, because I have not received the check back from our bank. I was informed that the check had not been received and that I should send another check and a copy of the 2003 UBF form which I am doing. She also stated that I would not be charged the late fee, since the original check was mailed in time.

Thank you.

Regards,

Paulette Keevers
Vice President

Pk/sc