FILED
Sep 10, 2002 8:00 am
Secretary of State
05-22-2002 90253 011 ****50.00

42487

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DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005289

1. Entity Name
INTERNATIONAL VIRTUAL MARKETING LLC

Principal Place of Business	Mailing Address
701 BRICKELL AVE. SUITE 3000 MIAMI FL 33131	701 BRICKELL AVE. SUITE 3000 MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address
CW Craig Productions	4313 Harbor Watch Ln
Suite, Apt. #, etc. 4313 Harbor Watch Ln	Suite, Apt. #, etc.
City & State Lutz, FL	City & State Lutz, FL
Zip 33558 Country USA	Zip 33558 Country USA

4. FEI Number 65-0642480 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE. SUITE 3000 MIAMI FL 33131	Name CW Craig Productions Street Address (P.O. Box Number is Not Acceptable) 4313 Harbor Watch Ln City Lutz FL Zip Code 33558

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.

SIGNATURE [signature] 4/30/02
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member ☐ Delete C W Craig 4313 Harbor Watch Ln Lutz, FL 33558	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED [signature] Craig 4/30/02 8139489595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #