

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

08-01-2002 90166 022 \*\*\*\*50.00

DOCUMENT # L01000021526

1. Entity Name

EDGEWATER MARKETING GROUP, LLC ✓

Principal Place of Business ONE NORTH CLEMATIS STREET SUITE 400 WEST PALM BEACH FL 33401	Mailing Address ONE NORTH CLEMATIS STREET SUITE 400 WEST PALM BEACH FL 33401
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2. Principal Place of Business 2200 Corporate Blvd, N.W.	3. Mailing Address 2200 Corporate Blvd, N.W.
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Suite, Apt. #, etc. Suite 401	Suite, Apt. #, etc. Suite 401
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City & State Boca Raton, FL	City & State Boca Raton, FL
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Zip 33431	Country USA	Zip 33431	Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number Applied for	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
ANGELL CORPORATE SERVICES, INC.  
ONE NORTH CLEMATIS STREET  
SUITE 400  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent  
Name: HCRM Corp.  
Street Address (P.O. Box Number is Not Acceptable): 2200 Corporate Blvd, N.W., Suite 401

City: Boca Raton FL Zip Code: 33431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Andrew J. Rosen, v.p.

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Ira J. Rosenberg 3633 N.W. 62nd Street Boca Raton, FL 33496	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (4/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: July 23, 2002 561-445-2244  
Daytime Phone #