8/1/2002-90166-022

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

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

2002 UNIFORM BUSINESS REPORT (UBR)

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

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2200 Corporate Blvd, N.W
Suite, Apt. #, etc.: Suite 401
City & State: Boca Raton, FL
Zip: 33431 Country: USA

3. Mailing Address: 2200 Corporate Blvd, N.W
Suite, Apt. #, etc.: Suite 401
City & State: Boca Raton, FL
Zip: 33431 Country: USA

4. FEI Number: applied for — Applied For / Not Applicable

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., NW, 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: [signature], 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

TITLE	Managing Member ☐ Delete
NAME	Ira J. Rosenberg
STREET ADDRESS	3633 N.W. 62nd Street
CITY-ST-ZIP	Boca Raton, FL 33496
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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