FILED

03 APR 30 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700017559697
04/30/03--01050--016 **50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000020752

1. Entity Name
ZOJO MARKETING LLC

Principal Place of Business	Mailing Address
617 SW 76TH AVE. NORTH LAUDERDALE, FL 33068	617 SW 76TH AVE. NORTH LAUDERDALE, FL 33068

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5064 STAR BLAZE DR	Z.J. DORKO
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2 COLLEGE HILL RD
City & State: GREENACRES FL	City & State: E. CANAAN CT
Zip: 33463 Country: USA	Zip: 06024 Country: USA

4. FEI Number: 76-0713268 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEGAL ZOOM NEVADA, INC.
395 ALHAMBRA CIRCLE, STE 301
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE april 24 2003

FILE ANNUAL REPORT FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ZOLTAN J DORKO CHAIRMAN 2 COLLEGE HILL RD E. CANAAN CT 06024 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 04/30/03--01050--016 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JOHN R. DORKO 5064 STAR BLAZE DR GREENACRES FL 33463 ☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (3/02)

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date april 24 2003 — Daytime Phone #