2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000025147

1. Entity Name
NEXTIUM MARKETING L.L.C.

FILED
03 APR 30 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
12274 1ST STREET WEST TREASURE ISLAND, FL 33706	12274 1ST STREET WEST TREASURE ISLAND, FL 33706

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4650 34th St. North	4939 Juanita Way So.
Suite, Apt. #, etc.: Building "C"	Suite, Apt. #, etc.:
City & State: St. Petersburg, FL.	City & State: St. Petersburg, FL.
Zip: 33714 Country: USA	Zip: 33705 Country: USA

4. FEI Number: 75-3084331 ☐ 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
PELUCHETTE, DAVID 487 EGRET AVE. NAPLES, FL 34108	Name: michael maiello Street Address (P.O. Box Number is Not Acceptable): 4939 Juanita Way South City: St. Petersburg FL Zip Code: 33705

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: Michael Maiello, manager Michael Maiello DATE: 4/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

400017548254
04/30/03--01028--011 **55.00

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PELUCHETTE, DAVID 487 EGRET AVE. NAPLES, FL 34108	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	manager michael maiello 4939 Juanita Way S. St. Petersburg, FL. 33705	☐ 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

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: michael maiello, manager / Michael maiello / 4/24/03 / 727-864-9183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)