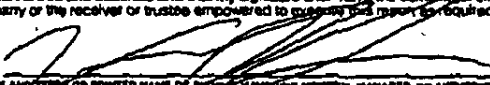


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

504
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN -8 AM 11:53
06/10/04

DOCUMENT # L03000020659					
1. Entity Name BPS MARKETING LLC					
Principal Place of Business 4016 HENDERSON BLVD. #B TAMPA FL 33629			Mailing Address 4016 HENDERSON BLVD. #B TAMPA FL 33629		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-0752814				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BAKER, MORRIS T 507 AVENUE B NW INTER HAVEN FL 33881			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			Zip Code		
B. 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					
FILE NOW!!! FEE IS \$80.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
8. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME
	V. P.	Jonathan Cox	6302 Benjamin Rd. #410		
		Tampa, FL	33634		
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME
	Sec./Treas	Vern Peaslee	4016 Henderson Blvd. Ste B		
		Tampa, FL	33629		
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME
	V. P.	Don D. Stillson	4016 Henderson Blvd. Ste B		
		Tampa, FL	33629		
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME
9. I hereby certify that the information supplied with this filing does not qualify for the exemption provided in Section 19.07(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. 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: 					
3-29-04 8B-282-1815					