

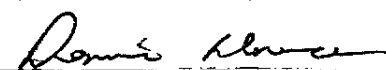


FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L04000060176. 1. Entity Name UNIQUE CONCEPTS IN MARKETING LLC			
Principal Place of Business 1189 GREENSWARD DR TALLAHASSEE, FL 32312		Mailing Address 1189 GREENSWARD DR TALLAHASSEE, FL 32312	
DO NOT WRITE IN THIS SPACE			
		02222005 No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 61-1474535	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORENCE, DENNIS 1189 GREENSWARD DR TALLAHASSEE, FL 32312		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		U000000271749 03/21/05-80059-024 55.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORENCE, DENNIS 1189 GREENSWARD DR TALLAHASSEE, FL 32312	DO NOT WRITE IN THIS SPACE	
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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: 		3-16-05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	