

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90009 038 ***150.00

DOCUMENT # L18003 ✓
1. Entity Name
APPINITY INTERNATIONAL Marketing, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2300 Glades Road</u> Suite, Apt. #, etc. <u>Ste 450 West</u> City & State <u>Boca Raton, FL</u> Zip <u>33431</u> Country <u>USA</u>		3. Mailing Address <u>2300 Glades Road</u> Suite, Apt. #, etc. <u>Ste 450 W</u> City & State <u>Boca Raton, FL</u> Zip <u>33431</u> Country <u>USA</u>	
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4. FEI Number <u>59-2483405</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name <u>HANK VANDEKAM, Esq.</u>
Street Address (P.O. Box Number is Not Acceptable) <u>2300 Glades Road</u>
<u>Ste 450 West</u>
City <u>Boca Raton</u> FL Zip Code <u>33431</u>

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Kenneth DeFillipo</u> <u>2300 Glades Road</u> <u>Ste. 450 West</u> <u>Boca Raton, FL 33431</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE [Signature] 4/29/02 (113) 547-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)