2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2002 8:00 am § Secretary of State **DOCUMENT #** L65525 1. Entity Name TELEMARKET RESOURCE GROUP, INC. 05-15-2002 90109 020 ***150.00 Principal Place of Business Mailing Address P.O. BOX 90243 P.O. BOX 90243 GAINESVILLE FL 32607-0243 GAINESVILLE FL 32607-0243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2950933 Not Applicable Zip Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHWARTZ, PHILIP H Street Address (P.O. Box Number is Not Acceptable) 1720 NW 7 PLACE GAINESVILLE FL 32603 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME SCHWARTZ, PHILIP H NAME STREET ADDRESS 1720 NW 7 PLACE STREET ADDRESS CITY-ST-ZIP Gainesville FL 32603 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP * TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS

 I hereby certify that the information indicated on this report or supplier of the corporation or the receiver of supplied with this filing does no qualify lental eport is true and accurate and the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in ly signature shall have the same legal effect as if made under oath; that I am an officer or director or as required by Chapter 607, Florida Statutes; and that thy name appears in Block 11 or Block 12 if ee empowered changed, or on an attacl other like

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISPECTOR

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