2002 **FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: //

FILED Apr 02, 2002 8:00 am Secretary of State

1. Entity Nan	ne	# L7463 MARKETING	•		J		04-02-2002 90089	039 ***150.00	
	DO N	IOT WRITE	IN THIS S	PAC	E				
2. Principal Place of Business 3. Mailing Address					PAY DO		B00 56512		
3700 EAST BAY DR Suite, Apt. #, etc.			3700 EAST BAY DR Suite, Apt. #. etc.				DO NOT WRITE IN THIS SPACE		
City & State LAR 60 FL			City & State LAR 60 . FL			4. 1	FEI Number 59-3062634	Applied For	le l
Zip 33171 Country		Country	Zip 33771 Cour		alry		Certificate of Status Desired	€9.75 ∧ a distriction	
Right-Tun	· +=======			مر راهندان المعارفة	125-22	 7Na	ame and Address of Current Registered	<u> </u>	
	7				Name	WDALL	L. WEISEL DDS		1 -
DO NOT WRITE							(P.O. Box Number is Not Acceptable)		
± ;		N THIS SP	ACE			UV LP			
ž			. #*		City /	446	FL	Zip.Code	
					1	<u>AR60 </u>		3377/	
8. The above	named entit	y submits this statement to	the purpose of changing it	s registere		•	ent, or both, in the State of Florida.		
SIGNATURE .	1 (Int	dell for less	KAN/	DALL	,,,	esel	3/16/0,	2	
	Signature, typed	or printed name of registered agent a			.,	re required when re	einstading) DATE		4
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May After May 2 - May After May After May 2 - May After May					s \$550.00 s \$61.25		10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.		OFFICERS AND	. 		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				\exists
TITLE	PD	LI LIVEZI		TITLE	1				707
NAME STREET ADDRESS	KHNIJKL	L L. WEBEL AST BAY DR		'NAME STREE	ET ADDRESS		•		1)
CITY+ ST+ ZIP	LARG	0, 12 33771		ÇITY-	S1 - ZIP				034
TITLE	Thurst	V WEICEL.		TITLE					CR2E034B (12/01)
STREET ADDRESS	3700	DUST BAY DR		NAME STREE	ET ADDRESS				
CITY- ST-ZIP	LARG	0, 12 33771		·CITY-	ST-ZIP				
THILE NAME				== ==\TILE NAME	. 3		The state of the s		
STREET ADDRESS					T ADDRESS		DO NOT WOL	7 EE	
CITY-ST-ZIP				CITY-	ST-ZIP		DO NOT WRIT	! C	
NAME				THILE NAME	- 1		IN THIS SPAC	E	
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP				CITY-	ST-ZIP				
TITLE NAME				`TITLE NAME					
STREET ADDRESS					T AOURESS				
CITY-ST-7/P				· CIÏY-	ST-ZIP				_
TITLE NAME				TITLE	47.7				
STREET ADDRESS					T ADDRESS		e, Karoj		
CHY+ST-ZIP	}				ST-ZIP				_
13. Enereby of indicated of the cor- attachmen	certify that the on this repor poration or the nt with an ad	e information supplied with 1 or supplemental report is no receiver or trustee emp dress. with all other like em	this filing does not qualify for true and accurate and that owered to execute this repo perfered.	or the exer my signati ort as requ	nplion stali ure shall ha iired by Ch	ed in Section 1 ave the same l apter 607. Flo	119.07(3)(i), Florida Statutes. I further certif egal effect as if made under oath; that I an rida Statutes; and that my name appears	y that the information 1 an officer or director in Block 11 or on an	