> - 2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Secretary of State DOCUMENT # L93326 03-23-2004 90008 049 ***150.00 1. Entity Name MANAGEMENT AND MARKETING DYNAMICS, INC. **9403460**6 Principal Place of Business Mailing Address 990 S. ROGERS CIR., STE 4 990 S. ROGERS CIR., STE 4 BOCA RATON, FL 33487 STE C BOCA RATON, FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0214298 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent ~ 7.-Name and Address of New Registered Agent EVANS, SHELDON, P.A. Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DR. SUITE 301 MIAMI, FL 33131 665 EXECUTIVE PARK DRIVE 8. The above named entity submits this statemen for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 6ns of registe the obligati SIGNATURE (NOTE: Registered Agent signature required 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 · 🖸 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Addition KAY, MITCHELL NAME NAME 11777 PRESERVATION LANE STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33498 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if

President

FILED Mar 23, 2004 8:00 am