2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

APPROVED L99000003455 DOCUMENT # 1. Entity Name 00 MAY -4 PH 12: 10 HUGH MARKETING GROUP, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 6223 HIGHWAY 90. SUITE 130 6223 HIGHWAY 90, SUITE 130 MILTON FL 32570 MILTON FL 32570-1708 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 94106 Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PATTON, MARVIN H Street Address (P.O. Box Number is Not Acceptable) 6223 HIGHWAY 90, SUITE 130 MILTON FL 32570 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 (NOTE: Registered Agent signature required when reinstating) Signature ped or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES 9. Addition TITLE MGR TITLE ☐ Change PATTON, MARVIN H NAME NAME 6223 HIGHWAY 90, SUITE 130 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MILTON FL 32570 CITY-ST-ZIP Addition ☐ Delate ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- 21- 71F *****50.00 *****50.00 Octobs Change TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP Change ■ Addition TITLE Defects TITLE NAME MAME STREET ADDRESS RTREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE Change NAME MAME STREET ADDRESS STREET ADDRESS CITY- 8T- ZIP CITY- 2T- 719 Change ☐ Delete Addition | TITLE MAM NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP 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.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER