

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90164 003 ***158.75

DOCUMENT # M90735

1. Entity Name
TITAN MARKETING GROUP, INC.



Principal Place of Business
**2253 LARAMIE DRIVE
LAS CRUCES NM 88011
US**

Mailing Address
**PO BOX 16197
LAS CRUCES NM 88004
US**

20013338



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2909047		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FLORIDA INCORPORATORS, INC. 1221 BRICKELL AVENUE SUITE 900 MIAMI FL 33131				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLARD, GALEN O.		NAME		
STREET ADDRESS	2253 LARAMIE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAS CRUCES NM 88011		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, MARYANN		NAME		
STREET ADDRESS	2253 LARAMIE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAS CRUCES NM 88011		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELLON, R. BRADFORD		NAME		
STREET ADDRESS	#20 SURREY RIDGE		STREET ADDRESS		
CITY-ST-ZIP	CASTLE ROCK CO		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, JAMES D		NAME		
STREET ADDRESS	2601 LAUDAU LANE		STREET ADDRESS		
CITY-ST-ZIP	BOSSIER CITY LA 71111		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, DR. STEWART		NAME		
STREET ADDRESS	629 ROCK SHADOW COURT		STREET ADDRESS		
CITY-ST-ZIP	STONE MOUNTAIN GA 30087		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GALEN O. BALLARD

1-14-03 505-522-0366

Date

Daytime Phone #

CR2E034 (10/02)