

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90118 022 ***150.00

2003
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

472

80125129

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000009666	
1. Entity Name MARKO COMMUNICATIONS, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 720 S.W. 24 Rd.		3. Mailing Address 720 S.W. 24 Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33129	Country US	Zip 33129	Country US

4. FEI Number 650979566	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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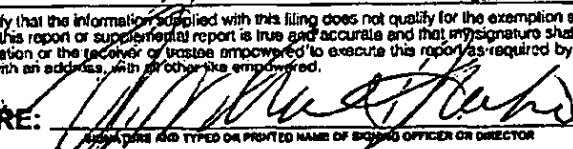
DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name: David E. Marko, Esq.	
	Street Address (P.O. Box Number is Not Acceptable) 3001 S.W. Third Avenue	
	City Miami	FL Zip Code 33129

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:  **DATE:** _____
(Signature, filled or printed name of registered agent and file, if applicable. (If/ATE Registered Agent signature required when reappointing)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Michael Marko 720 S.W. 24 Rd, Miami, FL 33129	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with or without the empowered.
SIGNATURE:  DATE: _____ Daytime Phone # _____ (Signature and typed or printed name of signing officer or director)

CR2E03-48 (12/02)