## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P00000014531 03-22-2004 90077 040 \*\*\*150.00 S.A.L.I.C. NATIONAL MARKETING, INC. Principal Place of Business Mailing Address **4700 SHERIDAN STREET 4700 SHERIDAN STREET BUILDING J BUILDING J** HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192004 Chq-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 65-0982352 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NATELSON, GERALD B Street Address (P.O. Box Number is Not Acceptable) 4700 SHERIDAN STREET **BUILDING J** HOLLYWOOD, FL 33021 City 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. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NATELSON, GERALD B NAME NAME STREET ADDRESS 4700 SHERIDAN STREET, BUILDING J STREET ADDRESS CITY-ST-7IP HOLLYWOOD, FL 33021 CITY-ST-ZIP TITLE Delete TITLE Change Addition NATELSON, ROBERTA ROBERTA NAME NAME 4700 SHERIDAN ST., BLDG J STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33021 CITY-ST-7IP CITY-ST-702 TITLE TITI F ☐ Detete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TM F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete пπе ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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. CIMSE SIGNATURE: < SIGNATURE AND TYPED OR P G DERCER OR DIRECTOR

FILED

Mar 22, 2004 8:00 am