2002 UNIFORM BUSINESS REPORT (UBR)

May 19, 2002 8:00 am³ Secretary of State P00000033385 DOCUMENT # 1. Entity Name 05-19-2002 90167 031 ***150.00 ZMM CORPORATION Principal Place of Business Mailing Address 1895 90TH AVE. 1895 90TH AVE. VERO BEACH FL 32966 VERO BEACH FL 32966 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3722134 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POLACKWICH, ALAN S SR Street Address (P.O. Box Number is Not Acceptable) 3333 20TH ST. VERO BEACH FL 32960 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filling requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01 FULMER, MACKARIAH B NAME STREET ADDRESS 1141 WIND SONG RD. STREET ADDRESS ORLANDO FL 32829 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MARSHALL, CHARLES NAME STREET ADDRESS 121 WALDEN POND CT. STREET ADDRESS CITY-ST-ZIP AIKEN SC 29803 CITY-ST-ZIP TITLE DPST Delete TITLE Addition Change NAME FULMER, ZACKARIAH NAME STREET ADDRESS 1895 90TH AVE. STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32966 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-7IP

CITY-ST-ZIP

Date

Daytime Phone #

FILED