

**FILED**  
**Jun 29, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90059 047 \*\*\*550.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT #</b> P00000035175			
<b>1. Entity Name</b> MARKTEL II, INC.			
<b>Principal Place of Business</b>		<b>Mailing Address</b>	
2. Principal Place of Business 1239 Oceanshore Blvd., 2C3 Suite, Apt. #, etc. 2C3 City & State Ormond Beach, FL Zip 32176 Country USA		3. Mailing Address 11700 Pennsylvania Ave. Suite, Apt. #, etc. City & State Kansas City, MO Zip 64114 Country USA	
		4. FEI Number 58-2591024 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
James W. Clayton 1239 Oceanshore Blvd., 2C3 Ormond Beach, FL 32176		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.		6/14/2001 DATE (NOTE: Registered Agent Signature required when reinstating)	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Norman Jacobs 11700 Pennsylvania Ave. Kansas City, MO 64114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary/Treasurer Joanne Jacobs 11700 Pennsylvania Ave. Kansas City, MO 64114 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary/Treasurer Joanne Jacobs 11700 Pennsylvania Ave. Kansas City, MO 64114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Joanne Jacobs 11700 Pennsylvania Ave. Kansas City, MO 64114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <i>Joanne Jacobs</i> Joanne Jacobs, Director		May 10, 2001 913-648-7272	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	