

**-2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2001 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **P000000054724**  
 1. Entity Name  
**NEW AGE MARKETING**

Principal Place of Business Mailing Address  
**407 CENTER POINTE CIR SUITE 1635**  
**ALTAMONTE SPRINGS, FL 32701**

2. Principal Place of Business 3. Mailing Address  
**SAME AS ABOVE SAME AS ABOVE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number ☒ Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☒ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent  
**Rhodes, R. Spencer**  
**126 E. JEFFERSON ST.**  
**ORLANDO, FL 32801**  
**(SPENCER RHODES III)**  
 7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.)  
 Signature, typed or printed name of registered agent and title if applicable. DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so. ☐  
 (See criteria on back)  
 10. Election Campaign Financing  
 Trust Fund Contribution. ☐ \$5.00 May Be  
 Added to Fees

| 11. OFFICERS AND DIRECTORS                     |   |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |
|--|---|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRESIDENT</b><br><b>ROSETTA WALLS</b><br><b>1071 S. HAWAIIAN RD</b><br><b>ORLANDO FL 32835</b> | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PRESIDENT</b><br><b>MICHAEL J. BURNSIDE</b><br><b>3621 MARLBOROUGH CROSSING WAY #8304</b><br><b>ORLANDO FL 32810</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V.P. ROSETTA WALLS</b>   | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VICE PRESIDENT</b><br><b>PATRICK FIGHTNER</b><br><b>1111 SWEETWATER WEST CIRCLE</b><br><b>APOLKA, FL 32712</b>       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TREASURER ROSETTA WALLS</b><br><b>SAME AS ABOVE</b>  | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>TREASURER</b><br><b>PATRICK FIGHTNER</b><br><b>SAME AS ABOVE</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>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.  
 SIGNATURE: **M. J. BURNSIDE** 45-01 407-260-6255  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20034 (1/00)

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