

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90126 040 \*\*\*150.00

**DOCUMENT # P00000066691**

1. Entity Name

**IN-HOUSE ADVERTISING AND MARKETING, INC.**

Principal Place of Business

Mailing Address

**16940 S.W. 78TH PLACE  
MIAMI FL 33157****16940 S.W. 78TH PLACE  
MIAMI FL 33157**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1390 S. Dixie Hwy.****1390 S. Dixie Hwy.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite #2121****Suite #2121**

City &amp; State

City &amp; State

**Coral Gables, FL.****Coral Gables, FL.**

Zip

Country

Zip

Country

**33146****U.S.A.****33146****U.S.A.**

4. FEI Number

Applied For

**65-1051365**

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARLOWE, JAMES****16940 S.W. 78TH PLACE****MIAMI FL 33157**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

**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. ☐**\$5.00** May Be

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARLOWE, JAMES</b>	
STREET ADDRESS	<b>16940 S.W. 78TH PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARLOWE, CELIA</b>	
STREET ADDRESS	<b>16940 S.W. 78TH PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**James Marlowe James Marlowe-Pres. 4/30/01 (305) 668-4443**

CR2E034 (10/00)