Jun 24, 2002 8:00 am 2002 UNIFORM BUSINESS REPORT (UBR) Secretary of State DOCUMENT # P00000069351 1. Entity Name 05-28-2002 91640 027 ***150.00 ADLER MARKETING GROUP, INC. Principal Place of Business Mailing Address 821: HAMPTON-CT 94544 821 HAMPTON CT WESTON FL 33326 WESTON FL 33326 Principal Place of Business Mailing Address 2115 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-1037079 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired _ _ _ _ ひらり Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADLER, AMY 821 HAMPTON CT WESTON FL 33326 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550,00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11, OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D. ☐ Delete TITLE Amy Adler - President Change (9/01) NAME ADLER, AMY NAME 21/5 N. Commerce Pkuy STREET ADDRESS 821 HAMPTON CT STREET ADDRESS CR2E034 CITY-ST-716 WESTON FL 33326 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST:7/P TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 logal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

FILED