
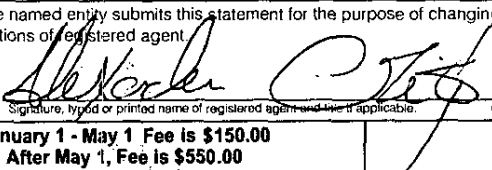
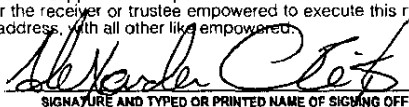


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90157 039 ***150.00

| | | | |
|---|-----------------------|--|--|
| DOCUMENT # P00000075025 | |  | |
| 1. Entity Name DEEP MARKETING & ADVERTISING, INC. | | | |
| DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business 20533 BISCAYNE BLVD | | 3. Mailing Address SAME | |
| Suite, Apt. #, etc. 4-229 | | Suite, Apt. #, etc. SAME | |
| City & State AVENTURA, FL | | City & State SAME | |
| Zip 33180 | Country USA | Zip | Country |
| | | 4. FEI Number 65-1030642 | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| DO NOT WRITE IN THIS SPACE | | 7. Name and Address of Current Registered Agent | |
| | | Name ALEXANDER CRISP | |
| | | Street Address (P.O. Box Number is Not Acceptable) 20533 BISCAYNE BLVD, SUITE 4-229 | |
| | | City AVENTURA | FL Zip Code 33180 |
| 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/7/03 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| 12. 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 10 or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE:  | | Alexander CRISP 4/7/03 954-316-5085 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |

CR2E034B (12/02)