

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90014 039 \*\*\*150.00

**DOCUMENT # P00000081434****1. Entity Name**  
**MARKETING ONE USA, INC.****Principal Place of Business**  
**4600 WEST KENNEDY BLVD.**  
**TAMPA FL 33609****Mailing Address**  
**4600 WEST KENNEDY BLVD.**  
**TAMPA FL 33609****2. Principal Place of Business****8370 W. HILLSBOROUGH AVE****3. Mailing Address****8370 W. HILLSBOROUGH AVE**

Suite, Apt. #, etc.

**SUITE 203**

Suite, Apt. #, etc.

**SUITE 203**

City &amp; State

**TAMPA FL**

City &amp; State

**TAMPA FL**

Zip

**33165**

Country

Zip

**33165**

Country

**4. FEI Number****59-0671068**

Applied For

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****ALBERT SALEM & ASSOCIATES**  
**4600 WEST KENNEDY BLVD.**  
**TAMPA FL 33609**

Name

**MICHAEL K. ROBSON**

Street Address (P.O. Box Number is Not Acceptable)

**215 WEST KENNEDY BLVD.**

City

**TAMPA****FL**

Zip Code

**33609****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** **D** ☒ Delete  
**NAME** **SHAW, DAVID**  
**STREET ADDRESS** **4747 WEST WATERS AVE., APT. 1407**  
**CITY-ST-ZIP** **TAMPA FL 33614****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **D** ☐ Delete  
**NAME** **MONTALVO, RICHARD**  
**STREET ADDRESS** **41 HARDING DR.**  
**CITY-ST-ZIP** **RIDGEFIELD CT 06877****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **D** ☐ Delete  
**NAME** **ROBSON, MICHAEL K**  
**STREET ADDRESS** **101 TERR.**  
**CITY-ST-ZIP** **NEW ROCHELLE NY 10804****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**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 #

CR2E034 (10/00)