

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90002 006 ***150.00

DOCUMENT # PD1000007157
1. Entity Name
DIGITAL MARKETING SYSTEMS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5420 N. Ocean # 1203
Suite, Apt. #, etc.
1203

3. Mailing Address
420 U.S. Hwy 1, Ste 15FF
Suite, Apt. #, etc.
Suite 15FF

DO NOT WRITE IN THIS SPACE

City & State
Singer Island, FL

City & State
N. Palm Beach

Zip
33404 Country
USA

Zip
33408 Country
USA

4. FEI Number
65-1070328

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name SPEIGEL-UTREKA-PA

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

City Coral Gables **FL** Zip Code 33134

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.

9. 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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PSTD Mattis, Diane D. 5420 N. Ocean #1203 SINGER ISLAND, FL 33404</u>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE Diane D. Mattis Diane D. Mattis 04/23/02 561 714-3116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)