2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 30, 2002 8:00 am Secretary of State **DOCUMENT #** P01000009810 05-07-2002 90222 010 ***150.00 1. Entity Name MARKETING RESEARCH ASSOCIATION, INC. Principal Place of Business Mailing Address 2632 HOLYWOOD BLVD. STE 207 2632 HOLYWOOD BLVD, STE 207 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEL Number Applied For 10 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City Zip Code FL 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) 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 Delete TITLE PSD **Change** (9/01) ☐ Addition NAME MCCLINTOCK, BRIAN PEAN, MAYOTO K NAME 2632 HOLLYWOOD BLUB SUSTELOT STREET ADDRESS 2632 HOLYWOOD BLVD, STE 207 STREET ADDRESS CITY-ST-ZIF HOLLYWOOD FL 33020 CITY-ST-ZIP HOLLYWOOD, F1 33020 TITLE VTD ☐ Delete TITLE ☐ Change NAME PEAN, MAXITO K NAME STREET ADDRESS 2632 HOLYWOOD BLVD, STE 207 STREET ADORESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP TITLE Delete TITLE · Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI £ ☐ Change ☐ Addition NAME MALKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TOTLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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.

FILED