2003 FOR PROFIT CORPORATION

UN	ILOKW BOZINE	22 KEPUK	I (OBK)				8
DOCUMENT # P0100009810 1. Entity Name MARKETING RESEARCH ASSOCIATION, INC.					FILÊD UNVISION OF CORPORATIO». O3 MAR -3 PM 9:39	.		2
Principal Place of Business Mailing Address 2632 HOLYWOOD BLVD. STE 207 HOLLYWOOD FL 33020 Mailing Address 2632 HOLYWOOD BLVD. STE 207 HOLLYWOOD FL 33020			STE 207	. }	, , , , , , , , , , , , , , , , , ,	.		
	Place of Business OAKLAND PK BLVD.	3. Mailing Address	<u> </u>					
Suite, Apt. 227 City & Stat	#, etc.	Strite, Apt #, etc.	46		CHECK HERE IF MAKING C	HANGES		
City & State	DOED ALE, C/	City & State		/	4. FEI Number 65-1088538		plied For t Applicable	
333	11 Country U.S.A.	Zip	Country		Fe	8.75 Added Required		
	6. Name and Address of Current F	legistered Agent	Name		7. Name and Address of New Registered Ag	ent		┨
SPIEGEL & UTRERA, P.A.				1 _				
343 ALMERIA AVENUE				Street Address (P.O. Box Number is Not Acceptable)				
CORAL GABLES FL 33134								1
OOTIAL G	ADEEO 1 E 30134		0					-
			City		FL	Zip Code	9	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or	registere	d agent, or both, in the State of Florida. I am fam		and accept	
SIGNATURE .	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE	: Registered Agent signate	ure required w	02/25/c when reinstating) DATE	, 3		i
FILE NOW!!! FEE IS \$150.00					9. Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees	
0.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND D	RECTORS	S IN 11	1_
ITLE	PST	☐ Delete	TITLE	PS	T E	Change	Addition	00/
IAME ITREET ADORESS ITY-ST-ZIP	PEAN, MAXITO K 2632 HOLYWOOD BLVD, STE 207 HOLLYWOOD FL 33020		NAME Street Address City-St-Zip	PEA.	T NIMAKETO K WOAKIAND PK BUND, ST LAUDENDALT, F1 33311	E 22 7	7	R2E034 (10/02)
ITLE IAME TREET ADORESS EITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	40001328497 03/03/0301002020 **	Change	☐ Addition	CR2
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		С] Change	Addition	
ITLE Ame Treet address : ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	
ITLE Ame Treet address ITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	 -
2. Thereby c	ertify that the information supplied with to on this report or supplemental report is	his filing does not qualify for rue and accurate and that m	the exemption stat	ed in Sect ave the sa	tion 119.07(3)(i), Florida Statutes. I further certify ame legal effect as if made under oath; that I am	that the in	formation or director	

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

IGNATURE:

SIGNATURE:

SIGNATURE OR PRINTED IAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # **SIGNATURE:**