2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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May 21, 2002 8:00 amg Secretary of State P01000011970 DOCUMENT # 1. Entity Name 05-21-2002 91124 041 ***150.00 OUTSOURCED-SALES & MARKETING SOLUTIONS, INC. Principal Place of Business Mailing Address 9562 WICKHAM WAY 9562 WICKHAM WAY ORLANDO FL 32836 ORLANDO FL 32836 2. Principal Place of Business 3. Mailing Address Moor Blue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Jindermere 59-369600° Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIETEL, SHERRI Street Address (P.O. Box Number is Not Acceptable) 9562 WICKHAM WAY Oxtord ORLANDO FL 32836 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. (NOTE: Registered Agent signature required when 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be =Tax.filling:requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President Sheri Dietel 8531 Oxford Moor Blud TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Windermere, FL 34786 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE - Dèlete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete TITLE □7 Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 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.

FILED