2003 FOR PROFIT CORPORATION

SIGNATURE: \(\)

UN	003 FOR PROFI	SS REPORT	TION (UBR)		FILED Jan 24, 2003 8:00 am Secretary of State	
DOCUMENT # P01000021980 1. Entity Name DIRECT FOCUS MARKETING, INC.					01-24-2003 90123 032 ***150.00	
Principal Place of Business 4830-W-KENNEDY-BLVD: SUITE 335- TAMPA-FL 93699		Mailing Address 4830 W KENNEDY-BLVD. SUITE 335 -TAMPA FL 33609				
2. Principal Place of Business 6346 Rowan Road Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1363 Suite, Apt. #, etc.			_	
City & State New Port Richey, FL		City & State			CHECK HERE IF MAKING CHANGES 4. FEI Number FO 0700000 Applied For	
Zip	Country	Tarpon Sprine	gs, FL Country		59-3703088 Applied For Not Applicable 5 Catificate of City a Posited Service	
3465.	6. Name and Address of Current	34688		• 3.	5. Certificate of Status Desired See Required 7. Name and Address of New Registered Agent	
ALLEN, C STEPHEN ESP - 4830 W KENNEDY BLVD STE 335				Name Allen, C. Stephen Esq. Street Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33609 City FL Zip Code 8. The above named entity submits this diaterment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE						
Afte	Signature, typed or printed name of registered agostic ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of		egistered Agent signatui	re required	9. Election Campaign Financing Trust Fund Contribution. DATE 9. Added to Fees	
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNDY, GREG A 989 RIVERSIDE RIDGE RD TARPON SPRINGS FL 34689	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	989	P Change Addition ndy, Greg A. 9 Riverside Ridge Rd rpon Springs, FL 34689	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNDY, MARY 989 RIVERSIDE RIDGE RD TARPON SPRINGS FL 34689	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 7 Bur 989	V S □ Change ☑ Addition { ndy, Mary 9 Riverside Ridge Rd	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
indicated of the cor	on this report or supplemental report is	true and accurate and that my s wered to execute this report as	sionature shall ha	ve the s	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director, Florida Statutes; and that my name appears in Block 10 or Block 11 if	