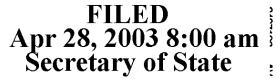
2003 FOR PROFIT CORPORATION

Mailing Address

UNIFORM BUSINESS REPORT (UBR) P01000024888 **DOCUMENT#** 1. Entity Name RENNEV MARKETING, INC.

Principal Place of Business



04-28-2003 91281 014 ***150.00

11311 741H S LARGO FL 337		LARGO FL 33773				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3708369	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
			Name			
VENNER, EDWARD F				1		
1131-74TH ST. N /13/1 74/H ST. N			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
		DV. 14				
LARGO FL	_ 33//3				_	
			City	Fl	Zip Code	
:			1			
	 named entity submits this statement itions of registered agent. 	t for the purpose of changing its	s registered office or reg	istered agent, or both, in the State of Florida. I am	tamiliar with, and accept	
ine obligat	lions of registered agent.					
• SIGNATURE .						
	Signature, typed or printed name of registered ag-	ent and title if applicable. (NO)	TE: Registered Agent signature red	quired when reinstating) DATE		
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 c Payable to Florida Department			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AN	ND DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11	
TITLE	PTD	Delete	TITLE		☐ Change ☐ Addition	
NAME	VENNER, EDWARD	L- Delete	NAME			
STREET ADDRESS	351 PALM ISLAND SE		STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33767		CITY-ST-ZIP			
TITLE	VSD	□ Delete	TITLE		☐ Change ☐ Addition	
NAME	VENNER, CATHERINE		NAME			
STREET ADDRESS	351 PALM ISLAND SE		STREET ADDRESS		ł	
CITY-ST-ZIP	CLEARWATER FL 33767		CITY-ST-ZIP			
	OCEANNAICH TE GOTO	Delete	TITLE	· , · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	
TITLE NAME	1	ET Delete	NAME * *	en de la companya de		
STREET ADDRESS			STREET ADDRESS	•		
CITY-ST-ZIP			CITY-ST-ZIP			
		☐ Delete	TITLE		Change Addition	
ritle Name		LI Delete	NAME			
STREET ADDRESS			STREET ADDRESS		ļ	
CITY-ST-ZIP			CITY-ST-ZIP			
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NAME STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
		□ B-t-t-	TITLE		☐ Change ☐ Addition	
INTLE		☐ Delete	NAME		C CHANGE C AGORDON	
NAME STREET ADDRESS			STREET ADDRESS		}	
CITY-ST-ZIP			CITY-ST-ZIP			
		Months Brown at August		- Cartier (10.07(2)(i). Clasida Chabitan Libratina an	ertify that the information	
I hereby of	certity that the information supplied v	vitri this tiling does not garality to	or the exemption stated i	n Section 119.07(3)(i), Florida Statutes. I further ce	army trial trie 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 of trustee empowered to except 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 the 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 the 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 a supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report is true and accurate and accurate

SIGNATURE: