

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000034063**

1. Entity Name  
**LOEWENTHAL INTERACTIVE MARKETING, INC.**

Principal Place of Business  
 5237 NW 33RD AVE  
 FT LAUDERDALE, FL 33309

Mailing Address  
 5203 NW 33RD AVE  
 FT LAUDERDALE, FL 33309

2. Principal Place of Business  
 Suite, Apt. #, etc.  
**5203**  
 City & State  
**FT LAUDERDALE FL**

3. Mailing Address  
 Suite, Apt. #, etc.  
**5203**  
 City & State  
**FT LAUDERDALE FL**

4. FEI Number  
**65-1089426**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**LOEWENTHAL, RONALD**  
**4807 NW 33RD AVE**  
**FT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable) **5203**  
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOEWENTHAL, RONALD 6807 NW 33RD AVE FT LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>5203</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOEWENTHAL, CONNIE 6807 NW 33RD AVE FT LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>5203</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DACY, EDWARD 6807 NW 33RD AVE FT LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>5203</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 of assets; I am 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 employees.

SIGNATURE: **RONALD LOEWENTHAL** 8/7/03 (954) 485-5448

5203

5203

WE NEVER RECEIVED THIS FORM DUE TO OUR MOVE.  
 ALL INFO SAME EXCEPT CHANGE OF STREET ADDRESS  
 FROM 5237 TO 5203