**FILED**
**Aug 06, 2002 8:00 am**
**Secretary of State**
05-24-2002 91385 045 ***150.00

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000047495

1. Entity Name
LAUNCHPAD INTERNET MARKETING GROUP

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[redacted]

40851

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| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 17053 NEWPORT CLUB DRIVE | 17053 NEWPORT CLUB DRIVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: BOCA RATON FL | City & State: BOCA RATON FL |
| Zip: 33496 Country: USA | Zip: 33496 Country: USA |

4. FEI Number: 65-1102857 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: JOSHUA LLOYD
Street Address (P.O. Box Number is Not Acceptable): 17053 NEWPORT CLUB DRIVE
City: BOCA RATON FL Zip Code: 33496

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.

SIGNATURE: [signature] 7/25/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PRESIDENT |
| NAME | NEIL KUSENS |
| STREET ADDRESS | 1345 SOUTH WESTGATE AVE # 306 |
| CITY-ST-ZIP | LOS ANGELES CA 90025 |
| TITLE | VICE PRESIDENT |
| NAME | JOSH LLOYD |
| STREET ADDRESS | 17053 NEWPORT CLUB DRIVE |
| CITY-ST-ZIP | BOCA RATON FL 33496 |
| TITLE | VICE PRESIDENT |
| NAME | JASON PALMER |
| STREET ADDRESS | 1241 SOUTH WESTGATE AVE |
| CITY-ST-ZIP | LOS ANGELES CA 90025 |
| TITLE | |
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** [signature] PRESIDENT NEIL KUSENS 4/24/02 888 286 5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #