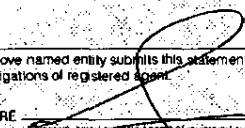
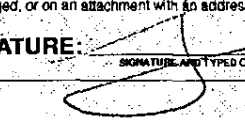


FILED  
May 02, 2003 8:00 am  
Secretary of State

05-02-2003 90140 039 \*\*\*150.00

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |         |                                                                           |                                                                                                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P01000052261</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |         |                                                                           |                                                        |  |
| 1. Entity Name<br><b>L&amp;G MARKETING GROUP, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |         |                                                                           |                                                                                                                                         |  |
| Principal Place of Business<br>11259 CLOVERHILL CIRCLE EAST<br>JACKSONVILLE, FL 32257                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |         | Mailing Address<br>11259 CLOVERHILL CIRCLE EAST<br>JACKSONVILLE, FL 32257 |                                                                                                                                         |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |         | 3. Mailing Address                                                        |                                                                                                                                         |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |         | Suite, Apt. #, etc.                                                       |                                                                                                                                         |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |         | City & State                                                              |                                                                                                                                         |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Country |                                                                           | Zip                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |         |                                                                           |                                                                                                                                         |  |
| 4. FEI Number<br><b>59-3751900</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |         |                                                                           | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |         |                                                                           | <b>\$8.75 Additional Fee Required</b>                                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><b>ELGERSMA, GARY<br/>11259 CLOVERHILL CIRCLE E<br/>JACKSONVILLE, FL 32257</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |         |                                                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>City<br><b>FL</b> 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 <b>5-1-2003</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |         |                                                                           |                                                                                                                                         |  |
| NOTE: Registered Agent Signature required when changing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |         |                                                                           |                                                                                                                                         |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$650.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |         |                                                                           |                                                                                                                                         |  |
| 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |         |                                                                           |                                                                                                                                         |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |         |                                                                           |                                                                                                                                         |  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |         |                                                                           |                                                                                                                                         |  |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |         |                                                                           |                                                                                                                                         |  |
| SIGNATURE  DATE <b>5-1-2003</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |         |                                                                           |                                                                                                                                         |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |         |                                                                           |                                                                                                                                         |  |