FILED
Apr 03, 2003 8:00 am
Secretary of State
04-03-2003 90122 033 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000071066

90070168

1. Entity Name
FIRE FLY MARKETING, INC.

Principal Place of Business	Mailing Address
5200 TOWN CENTER CIRCLE, STE 105 BOCA RATON, FL 33486	5200 TOWN CENTER CIRCLE, STE 105 BOCA RATON, FL 33486

2. Principal Place of Business	3. Mailing Address
1825 Palm Cove Blvd	1825 Palm Cove Blvd
Suite, Apt. #, etc.: #101	Suite, Apt. #, etc.: #101
City & State: Delray Beach Fl	City & State: Delray Beach Fl.
Zip: 33445 Country: US	Zip: 33445 Country: US

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1122045 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
WOLFF, JODY
5200 TOWN CENTER CIRCLE, STE 105
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): 1825 Palm Cove Blvd #101
City: Delray Beach FL Zip Code: 33445

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: Jody Wolff 3-28-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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: P NAME: WOLFF, JODY STREET ADDRESS: 450 JEFFERSON DR APT 27-208 CITY-ST-ZIP: DEERFIELD BEACH, FL 33442	☐ Delete	TITLE: NAME: WOLFF JODY STREET ADDRESS: 1825 Palm Cove Blvd, 101 CITY-ST-ZIP: Delray Beach, FL, 33445	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Jody Wolff 3-28-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #