AMENDED

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

06-30-2002 90230 005 ***61.25
P01000080418

FILED
02 JUL -2 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0126346

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DOCUMENT # P01000080418

1. Entity Name
ASSOCIATES MARKETING, INC.

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2. Principal Place of Business		3. Mailing Address	
5600 NW 102 AVE		5600 NW 102 AVE	
Suite, Apt. #, etc. SUITE M		Suite, Apt. #, etc. SUITE M	
City & State SUNRISE, FL		City & State SUNRISE, FL	
Zip 33351	Country USA	Zip 33351	Country USA

4. FEI Number 65-1131131 — 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 RONALD J. GRESS
Street Address (P.O. Box Number Is Not Acceptable)
5600 NW 102 AVE SUITE M
City SUNRISE FL Zip Code 33351

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 Ronald Gress — AMENDED FILING — 6-24-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mailing) 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	S/T/D	TITLE	
NAME	RONALD J. GRESS	NAME	
STREET ADDRESS	5600 NW 102 AVE, SUITE M	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33351	CITY-ST-ZIP	
TITLE	P/D	TITLE	
NAME	BERNARD GOLDSTEIN	NAME	
STREET ADDRESS	5600 NW 102 AVE, SUITE M	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33351	CITY-ST-ZIP	
TITLE	V/D	TITLE	
NAME	GERLANDO G. DINOLFO	NAME	
STREET ADDRESS	5600 NW 102 AVE, SUITE M	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33351	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE →	REMOVE AS OFFICER	TITLE	
NAME	LAWRENCE STRUM	NAME	
STREET ADDRESS	7035 NW 105 AVE	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	CITY-ST-ZIP	
TITLE →	REMOVE AS OFFICER	TITLE	
NAME	ROCHELLE HUDES	NAME	
STREET ADDRESS	5700 CAMINO DEL SOL #405	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33434	CITY-ST-ZIP	

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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: Ronald Gress — 6/24/02 — 954-747-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #