2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000083386

Entity Name: NORMAN GOLF MARKETING INC.

Apr 29, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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1701 THE GREENS WAY STE 123 4672 KERNAN MILL LANE EAST JACKSONVILLE BEACH, FL 32250 JACKSONVILLE, FL 32224

Current Mailing Address: New Mailing Address:

1701 THE GREENS WAY STE 123 4672 KERNAN MILL LANE EAST JACKSONVILLE BEACH, FL 32250 JACKSONVILLE, FL 32224

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

NORMAN, TRAVIS NORMAN, TRAVIS 1701 THE GREENS WAY STE 123

4672 KERNAN MILL LANE EAST JACKSONVILLE BEACH, FL 32250 JACKSONVILLE, FL 32224

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: TRAVIS NORMAN 04/29/2002

> Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

NORMAN, TRAVIS NORMAN, TRAVIS Name: Name:

1701 THE GREENS WAY STE 123 4672 KERNAN MILL LANE EAST Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE, FL 32224

() Delete VPD Title: () Change () Addition Title:

Name: TOWERY, AUSTIN Name: 1701 THE GREENS WAY STE 123 Address: Address: JACKSONVILLE BEACH, FL 32250 City-St-Zip: City-St-Zip:

Title: Title: SD () Delete SD (X) Change () Addition

ORENDER, M.G. Name: ORENDER, M.G. Name: 1701 THE GREENS WAY STE 123 3909 DUVAL DR Address: Address:

City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRAVIS NORMAN PD 04/29/2002