UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0/00096424 FIFD 1. Entity Name Market Share Communications 03 APR - 1 AM 8:59 SECHETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 400015743714 Principal Place of Business Mailing Address 656 Taeda Prive Taeda 04/11/03--01013--009 **308.75 66Slo Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For EIN 59-3752702 ava sota rasota Not Applicable Country A Country \$8.75 Additional 5... Certificate of Status Desired - - - -USA Fee Required 7. Name and Address of Current Registered Agent Name DO-NOT-WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Bee Ridae Roan ra Sota 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 January 1 - May 1 Fee is \$150.00 9. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make.Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE Hesi dent TITLE NAME " NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP_ Presiden TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITL F IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

7-0-7 941-925-4070

214/2

February 27, 2003

Florida Department of State Reinstatement Group Division of Corporations P.O. Box 1500 Tallahassee, FL 32303-1500

To whom it may concern:

I am writing to request a waiver of the reinstatement fee due to non-receipt of previous URB requests for my corporation, MarketShare Communications, Inc. New to Florida in August 2001, I lived in three different locations in 2002, plus a period of living with relatives. The Taeda Drive address will be my permanent address, as we are now settled. We also had a severe mail delivery problem when the post office confused us with another Coury family.

3216 Kenmore Drive, Sarasota, FL 34231 4909 Sabal Lake Circle, Sarasota, FL 34238 6656 Taeda Drive, Sarasota, FL 34241

I did receive the reinstatement papers in late 2002, but did not intend to reinstate until my CPA, Norman Shea, informed me that since I did not receive the previous URB requests that the reinstatement fee would be waived.

Please reinstate MarketShare Communications, Inc. with the enclosed URB and \$150 filing fee. I have also requested a certificate of status and paid additional \$8.75.

Thank you.

Elizabeth Coury, President

MarketShare-Communications; Inc.-

6656 Taeda Drive Sarasota, FL_34241

(941)925-4070