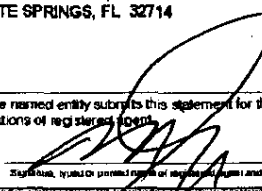


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000102746			
1. Entity Name KEY MARKETING, INC.			
Principal Place of Business 814 ELM STREET #104 MANCHESTER, NH 03101		Mailing Address 7265 ESTAPPA CIRCLE SUITE 201 FERN PARK, FL 32730	
2. Principal Place of Business		3. Mailing Address PO Box 771796	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Orlando FL	
Zip	Country	Zip 32	Country
4. FEI Number 48-0483889		Applied For ☐ Not Applicable	
5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRIED, MITCHELL I 238 N. WESTMONTE DR., STE. 200 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent BRIAN Tolan 25250 E Hwy 316 SALT SPRGS, FL FL 32134	
A. 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 9/9/03	
Signature, typed or printed name of registered agent and fee if applicable.		(NOTE: Registered Agent's signature required when applicable)	
B. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
PSTD	MUNRO, MICHAEL D	☐ Delete	
814 ELM STREET SUITE 104	MANCHESTER, NH 03101		
VP.	Brian Tolan	☐ Delete	
25250 E Hwy 316	SALT SPRGS. FL.	☐ Delete	
32134	32134		
Treasure	Amjad Suleiman	☐ Delete	
PO Box 771796	Orlando FL	☐ Delete	
32877	32877		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
		☐ Change	☐ Addition
		☐ Change	☐ Addition
		☐ Change	☐ Addition
		☐ Change	☐ Addition
		☐ Change	☐ Addition
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 authority like empowered.			
SIGNATURE: 		DATE 9/	
Signature, typed or printed name of officer or director		Date	

CFR2004 (1/0/02)

9/9/03