FILED
03 SEP 10 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000102746

1. Entity Name
KEY MARKETING, INC.

000023020078
09/12/03--01055--002 **8.75

000023020078
09/12/03--01055--001 **150.00

Principal Place of Business	Mailing Address
814 ELM STREET #104 MANCHESTER, NH 03101	7265 ESTAPMA CIRCLE SUITE 201 FERN PARK, FL 32730

X CHECK HERE IF MAKING CHANGES

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: 46-0463689 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required — Attached

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

Name: BRIAN Tolan
Street Address (P.O. Box Number is Not Acceptable): 25250 E Hwy 316
SALT Spgs, FL
City: FL Zip Code: 32134

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: [signature] DATE: 9/9/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS NOW $150.00 / After May 1, 2003 Fee will be $550.00 / Amended UBR is $61.25 / 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: PSTD NAME: MUNRO, MICHAEL D STREET ADDRESS: 814 ELM STREET SUITE 104 CITY-ST-ZIP: MANCHESTER, NH 03101	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: VP NAME: BrIAN Tolan STREET ADDRESS: 25250 E Hwy 316 CITY-ST-ZIP:	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
Salt Spgs. FL. 32134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: Treasure NAME: AMJAD Suleiman STREET ADDRESS: Po Box 771796 CITY-ST-ZIP:	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
Orlando FL 32877	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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: [signature] 9/

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 9/10