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Jun 11, 2003 8:00 am
Secretary of State
05-05-2003 91798 041 ***150.00

5/5/2

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000104520

1. Entity Name
MARKETING ONLINE.COM, INC.

55047548

[redacted]

Principal Place of Business	Mailing Address
1680 MICHIGAN AVENUE SUITE 901 MIAMI BEACH, FL 33139 US	1680 MICHIGAN AVENUE SUITE 901 MIAMI BEACH, FL 33139 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1610 LENOX AVENUE	1610 LENOX AVENUE
Suite, Apt. #, etc.: 417	Suite, Apt. #, etc.: 417
City & State: MIAMI BEACH, FL	City & State: MIAMI BEACH, FL
Zip: 33139 Country: USA	Zip: 33139 Country: USA

4. FEI Number: 36-4477483 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HUNT, CHRISTINE B
1830 MERIDIAN AVENUE 704
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent
Name: – SAME –
Street Address (P.O. Box Number is Not Acceptable): 1830 MERIDIAN AVENUE, # 1105
City: – SAME – FL Zip Code

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] 4/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	D FREY, AIME L 1500 BAY ROAD SUITE 639 MIAMI BEACH, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREY, AMY L. 1610 LENOX AVENUE, #417 MIAMI BEACH, FL 33139	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
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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] – AMY L. FREY 04/24/03 305 604-5918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #