FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 91456 048 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000120487 90128003 1. Entity Name
GUIDE MARKETING, INC. Principal Place of Business Mailing Address 925 FLORIDA CENTRAL PARKWAY 925 FLORIDA CENTRAL PARKWAY LONGWOOD, FL 32750 LONGWOOD, FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number 59 - 3761476 Not Applicable Country \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL. 33145 City Zip Code 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 famillar with, and accept the obligations of registered agent. (NOTE Recipited Augustination desired when distanting) PILE NOWILL FEE IS \$150.00 & After May 1-2003 Fee will be \$550,00 . Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD De lete 3816 ☐ Change ☐ Attortion CARMANY, DAVID M NAME NAME 925 FLORIDA CENTRAL PARKWAY STREET ADDRESS STREET ANDRESS LONGWOOD, FL 32750 CITY-51-2P CffY-51-2tP ☐ Change Addition C) Or lete TRUE 1:TLE NAME CARMANY, JOEL R NAME 925 FLORIDA CENTRAL PARKWAY STREET ADDRESS STREET ADDRESS CHY-SI-ZP LONGWOOD, FL 32750 C#Y-51-21P Change Addition TITLE Delete 10LE STREET ADDRES STREET ADDRESS CITY-ST-ZP CRY-57-21P Delete TITLE - - -- 🗔 Change: 🗀 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZP Addition 1131.6 Delete TALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP Change Addition TITLE C Delete TILE NAME NAMÉ STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZP 12. Thereby certify that the information supplied with this flung does not qualify for the exemption stated in Section 119.07(3XI). 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 charged, or on an attackment supplemental report is the empowered. JOEL R. CARMANY 4-30-03 407- 339-2626 SIGNATURE: