## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000013554

Entity Name: CULTURAL MARKETING, INC.

**FILED** Apr 29, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2989 WEST SR 434 STE 300 LONGWOOD, FL 32779 **Current Mailing Address: New Mailing Address:** 600 CALEDONIA PLACE 2989 WEST STATE ROAD 434 SANFORD, FL 32771 SUITE 300 LONGWOOD, FL 32779 FEI Number: 01-0624120 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FIELDING, ROGER FIELDING, ROGER 600 CALEDONIA PLACE 200 SWEETWATER PLACE SANFORD, FL 32771 LONGWOOD, FL 32779 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. SIGNATURE: 04/29/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition FIELDING, ROGER Name: Name: 200 SWEETWATER Address: Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: Title: () Delete Title: () Change () Addition Name: FIELDING, SHAMIRA Name: 200 SWEETWATER Address: Address: LONGWOOD, FL 32779 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: ROGER FIELDING 04/29/2005