FILED
May 16, 2003 8:00 am
4/ **Secretary of State**
04-23-2003 90675 001 *2,850.00

2003 FOR PROFIT CORPORATION/ UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000014404

1. Entity Name
AMERICAN TRAVEL & MARKETING GROUP, INC

55041277

Principal Place of Business	Mailing Address
2701 SPIVEY LANE ORLANDO, FL 32831	2701 SPIVEY LANE ORLANDO, FL 32831
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 010637195 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
WRIGHT, MALCOLM J
2701 SPIVEY LANE
ORLANDO, FL 32831

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 ____________________ 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 10	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WRIGHT, MALCOM J	NAME	
STREET ADDRESS	2701 SPIVEY LANE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32831	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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] MALCOLM J WRIGHT 4-21-03 407-421-2660
Signature and Typed or Printed Name of Signing Officer or Director — Date — Daytime Phone #