

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90100 007 \*\*\*150.00

0625003 AT

DOCUMENT # **P02000028775**

1. Entity Name  
**MSJ MARKETING GROUP, INC.**



Principal Place of Business  
**831 LYONS ROAD, UNIT #23103  
COCONUT CREEK FL 33063**

Mailing Address  
**POST OFFICE BOX 938712  
MARGATE FL 33093**



2. Principal Place of Business  
**16476 SW 31 Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**16476 SW 31 Street**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Miramar, FL**  
Zip  
**33027**  
Country  
**USA**

City & State  
**Miramar, FL**  
Zip  
**33027**  
Country  
**USA**

4. FEI Number  
**47-0854261**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, STEPHANIE A**  
**831 LYONS ROAD, UNIT #23103**  
**COCONUT CREEK FL 33063**

Name  
**Jones, Stephanie A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**16476 SW 31 Street**  
City  
**Miramar** **FL** Zip Code  
**33027**

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 Stephanie Jones Stephanie Jones President 4/27/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DAY

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JONES, STEPHANIE A</b>
STREET ADDRESS	<b>831 LYONS ROAD, UNIT #23103</b>
CITY-ST-ZIP	<b>COCONUT CREEK FL 33063</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JONES, MORSHEE L</b>
STREET ADDRESS	<b>831 LYONS ROAD, UNIT #23103</b>
CITY-ST-ZIP	<b>COCONUT CREEK FL 33063</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>16476 SW 31 Street</b>
CITY-ST-ZIP	<b>Miramar, FL 33027</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>16476 SW 31 Street</b>
CITY-ST-ZIP	<b>Miramar, FL 33027</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Stephanie Jones Stephanie Jones 4/27/03 (954) 438-7735  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)