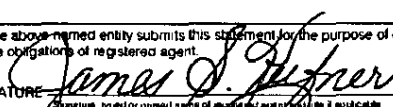
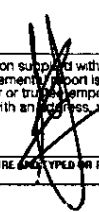


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90356 038 ***150.00

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

DOCUMENT # P02000029396			
1. Entity Name STONE MARKETING GROUP, INC.			
Principal Place of Business 7150 WOODED VILLAGE LN ORLANDO, FL 32835		Mailing Address 7150 WOODED VILLAGE LN ORLANDO, FL 32835	
2. Principal Place of Business		3. Mailing Address 301 E PINE ST STE 150	
Suite, Apt. #, etc.		Suite, Apt. #, etc. AHn: J. KEEFNER	
City & State		City & State ORLANDO, FL	
Zip	Country	Zip	Country
		32801	US
4. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1000 WEST AVENUE SUITE 1114 MIAMI BEACH, FL 33139		5. Name and Address of New Registered Agent Name GRANDY, KEEFNER & THOMPSON LLP Street Address (P.O. Box Number is Not Acceptable) 301 E PINE ST STE 150 City ORLANDO FL Zip Code 32801	
6. 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  JAMES S. KEEFNER, MANAGING PARTNER 4/30/03 DATE			
7. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		8. ☐ CHECK HERE IF MAKING CHANGES ☒ Applied For ☐ Not Applicable	
9. ☐ CHECK HERE IF MAKING CHANGES ☐ Applied For ☐ Not Applicable		10. ☐ CHECK HERE IF MAKING CHANGES ☐ Applied For ☐ Not Applicable	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIF, GARY 7150 WOODED VILLAGE LN ORLANDO, FL 32835 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS ☐ 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 supplementary 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:  GARY SHIF, PRESIDENT 4/30/03 407-383-4810 DATE DAYTIME PHONE #		SIGNATURE (PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)	

11037003



CH2E034 (10/02)