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.

11037003

Principal Place of Business	Mailing Address
7150 WOODED VILLAGE LN ORLANDO, FL 32835	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. Attn: J. KEEFNER	
City & State		City & State ORLANDO, FL	
Zip	Country	Zip 32801	Country US

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE SUITE 1114
MIAMI BEACH, FL 33139

7. 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

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 [signature] JAMES S. KEEFNER, MANAGING PARTNER 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 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
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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] GARY SHIF, PRESIDENT 4/30/03 407-383-4810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #