UNIFORM BUSINESS REPORT (UBR) DOCUMENT.# P02000043642 FILED 1. Entity Name Code Marketing, Inc. 03 AUG - 4 AM 8: 39 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE FLORIDA 900022036299 2. Principal Place of Business 3. Mailing Address 08/04/03--01081--002 **158.75 21 4472 Fox Glove Lane 4472 Fox Glove Lane 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 4. FEI Number City & State "Applied For City & State 23 Weston FL Weston FL Not Applicable County Zip County Zip \$8.75 Additional 28 5. Certificate of Status Desired 🗹 24 33331 33331 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Corporate Creations Network Inc. Street Address (P.O. Box Number is Not Acceptable) 82 941 Fourth Street #200 Miami Beach, FL 33139 83 84 \mathbf{FL} 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida SIGNATURE
Signature, typed or printed name of registered agent and title of applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 This corporation is eligible to satisfy its intangible 10. Election Campaign Financing Trust After MAY 1, 2000 Fee will be \$550.00 \$5.00 May be Tax filing requirement and elects to do so (See criteria on back) Fund Contribution Make Check Payable to Department of State added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 DELETE 1.1 TITLE TITLE ☐ Change ☐ Addition Bello, Jose NAME 1.2 NAME 4472 Fox Glove Lane STREET ADDRESS 1.3 STREET ADDRESS Weston, FL 33331 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition TITLE DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE THE 5.1 TITLE Change Addition NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TILE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 13. I do 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 annual report or supplemental annual 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 of lirector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that

or on attachment with an address.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Bello, President

my name appears in Ble

218/5

July 29, 2003

Annual Report Filings Florida Department of State Division of Corporations Tallahassee, FL 32314

Dear Sirs,

Attached is the Annual Report for Code Marketing, Inc.

Unfortunately I moved last year from Massachusetts to Florida and never got the form in my new address in Florida. This is why I kindly ask to please waive the penalty for late filing.

Thank you in advance for your understanding. Should you need additional information, please feel free to contact me at (954) 614-7170.

Sincerely

President

Code Marketing, Inc.

4472 Foxglove Lane

Weston, FL 33331