

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/5/2

FILED
Jun 11, 2003 8:00 am
Secretary of State

05-05-2003 91798 040 ***150.00

DOCUMENT # P02000047042

1. Entity Name
MARKET MY SITE! INC.



Principal Place of Business
1500 BAY ROAD, SUITE 838
MIAMI BEACH FL 33139

Mailing Address
1500 BAY ROAD, SUITE 838
MIAMI BEACH FL 33139

33047041

2. Principal Place of Business
1610 LENOX AVENUE
Suite, Apt. #, etc.
417

3. Mailing Address
1610 LENOX AVENUE
Suite, Apt. #, etc.
417

City & State
MIAMI BEACH, FL
Zip
33139
Country
USA

City & State
MIAMI BEACH, FL
Zip
33139
Country
USA

4. FEI Number
43-1959118

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

HUNT, CHRISTINE B
1830 MERIDIAN AVENUE 704
MIAMI BEACH FL 33139

Name - SAME -
Street Address (P.O. Box Number is Not Acceptable)
1830 MERIDIAN AVE, # 1105
City - SAME - 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 Christine B Hunt
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/23/03
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 PD
NAME FREY, AIME L
STREET ADDRESS 1680 MICHIGAN AVENUE SUITE 901
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE PD
NAME FREY, AMY L.
STREET ADDRESS 1610 LENOX AVENUE, # 417
CITY-ST-ZIP MIAMI BEACH, FL 33139 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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 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: AMY L. FREY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/03 305 604-5918
Date Daytime Phone #

CR2E034 (10/02)