

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90185 046 \*\*\*150.00

**DOCUMENT # P02000064062**

1. Entity Name  
**BIG MOUTH MARKETING & PROMOTIONS INC.**



Principal Place of Business  
17255 SW 95 AVE  
MIAMI, FL 33157

Mailing Address  
17255 SW 95 AVE  
MIAMI, FL 33157

2. Principal Place of Business  
**17255 SW 95 AVE.**  
Suite, Apt. #, etc.  
**m240**

3. Mailing Address  
**P.O. Box 570112**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**Miami, FL.**  
Zip  
**33157**  
Country  
**USA**

City & State  
**Miami, FL.**  
Zip  
**33257**  
Country  
**USA**

4. FEI Number  
**43-1944971**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**TURTON, DERRICK**  
17255 SW 95 AVE  
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name  
**DERRICK TURTON**  
Street Address (P.O. Box Number is Not Acceptable)  
**17255 SW 95 AVE #m240**  
City  
**miami** FL Zip Code  
**33157**

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]*

DATE  
**4/14/03**

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent's signature required when resigning.)

DATE

FILE NOW WITH FEE IS \$150.00  
After May 1, 2003 Fee will be \$650.00  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURTON, DERRICK 17255 SW 95 AVE MIAMI, FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Vanessa Turton 17255 SW 95 AVE #m240 miami, FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
**4/14/03**

Date

DAYTIME PHONE #  
**(786) 255-2904**

Daytime Phone #

CR2E034 (10/02)