FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90056 008 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000077039

1. Entity Name
DPM MARKETING, INC.

Principal Place of Business	Mailing Address
2600 ROBERT TRENT JONES DR STE 917 ORLANDO, FL 32835	2600 ROBERT TRENT JONES DR STE 917 ORLANDO, FL 32835

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2600 Robert Trent Jones Dr.	2600 Robert Trent Jones Dr.
Suite, Apt. #, etc.: # 917	Suite, Apt. #, etc.: # 917
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32835 Country: USA	Zip: 32835 Country: USA

4. FEI Number: 41-2052929 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: Shane & Paula Mills
Street Address (P.O. Box Number Is Not Acceptable): 2600 Robert Trent Jones Dr. #917
City: Orlando FL Zip Code: 32835

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] Shane Mills 5/1/03
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	PSD MILLS, DANIEL S 2600 ROBERT TRENT JONES DR STE 917 ORLANDO, FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Paula L. Mills 2600 Robert Trent Jones Dr. #917 Orlando, FL 32835	☐ Change [X] 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
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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] Shane Mills 5/1/03 321-278-6662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #