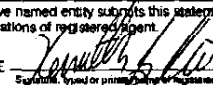
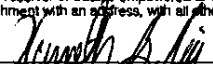


FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90190 009 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

80120442

DOCUMENT # P02000078781		
1. Entity Name CORE MARKETING GROUP INC.		
Principal Place of Business 2109 PALM AVE, STE 306 TAMPA, FL 33605		Mailing Address 2109 PALM AVE, STE 306 TAMPA, FL 33605
2. Principal Place of Business 1621 E. Thurgood St. Suite, Apt. #, etc.		3. Mailing Address 3309 Cleveland St. Suite, Apt. #, etc.
City & State Tampa, FL Zip 33605 Country USA		City & State Hollywood, FL Zip 33021 Country USA
4. FEI Number 13-4204357		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RICE, KENNETH B 2109 PALM AVE, STE 306 TAMPA, FL 33605		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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  DATE _____ Signature of individual or principal officer or registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)		
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	DPVS RICE, KENNETH B 2109 PALM AVE, STE 306 TAMPA, FL 33605 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICE, KENNETH B 2109 PALM AVE, STE 306 TAMPA, FL 33605 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:  DATE: 05/10/03 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2034 (10/02)