FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jul 14, 2003 8:00 am Secrétary of State P02000084157 DOCUMENT # 07-14-2003 90343 008 ***150.00 1. Entity Name WOLFE SUGARMAN ADVERTISING & MARKETING, INC. Principal Place of Business Mailing Address 501 NW 107TH TERR. 501 NW 107TH TERR. CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 52-2370825 Not Applicable Country Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOLFE, ELISA P Street Address (P.O. Box Number is Not Acceptable) 501 NW 107TH TERR. **CORAL SPRINGS FL 33071** City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition ☐ Delete TITLE SUGARMAN, JENNIFER E NAME NAME 501 NW 107TH TERR. STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33071** CITY - ST- ZIP CITY-ST-ZIP Change ☐ Addition TITLE . ☐ Delete TITLE WOLFE, ELISA P 🗀 NAMÉ NAME STREET ADDRESS 501 NW 107TH TERR. STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP Delete: Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Oelete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

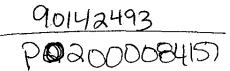
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true 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

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changed, or on an attachment with an address, with all other like empowered.

Attachment





934 N. University Drive, Suite 114, Coral Springs, FL 33071

Phone 954-344-2088 Fax 954-344-1648

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

Per your instructions in your mailing, I am writing this letter to inform you that our business never received a prior notice to file our report. Therefore, I have enclosed a check in the amount of \$150 for the filing fee.

If you have any questions, please call us at 954-753-4916 or email me at elisa@wolfesugarman.com. Thank you.

Sincerely,

Elisa Wolfe

Vice President, Secretary

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