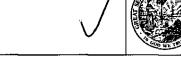
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000084869 DOCUMENT #

1. Entity Name CONCEPT ONE MARKETING, INC.



FILED Jul 07, 2003 8:00 am Secretary of State 07-07-2003 90145 025 ***550.00

Principal Place of Business 811-B CYPRE4SS VILLAGE BOULEVARD RUSKIN FL 33573		Mailing Address 811-B CYPRE4SS VILLAGE BOULEVARD RUSKIN FL 33573		
2. Principal Place of Business 606 WARE BIVD		3. Mailing Address 606 WARE Blyd		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number Applied For SY - 2065 838 Not Applied For
33619	Country	Zip 33619	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
20011	6. Name and Address of Current F			7. Name and Address of New Registered Agent
LASMAN, JEFFREY M ESQ. 811-N CYPRESS VILLAGE BOULEVARD RUSKIN FL 33573			Street Address	
			City	FL Zip Code 19
8. The above named entity submits this statement for the phoose 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 roped or printed name of registered agent and office if applicable. (NOTE: Registered Agent signature required when reinstating) PLE: NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be				
Make Check Payable to Florida Department of State				Trust Fund Contribution. Added to Fees
10.			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
STREET ADDRESS 6	D EVENGENCIE, PAMELA 06 WARE BOULEVARD AMPA FL 33619	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
STREET ADDRESS 6	D ILLING, RICHARD N 06 WARE BOULEVARD AMPA FL 33619	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VI NAME G STREET ADDRESS 66	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
STREET ADDRESS 60	D Oon, mark d 06 ware boulevard Ampa FL 33619	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_ Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ection 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 sustee 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: