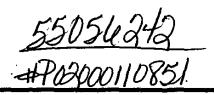
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (ÜBR

Sep 10, 2003 8:00 am Secretary of State P02000110851 DOCUMENT # 09-10-2003 90139 001 *****8.75 1. Entity Name 09-10-2003 90139 002 ***150.00 ADTTENTION MARKETING INC. Principal Place of Business Mailing Address 55056242 1698 NE 164TH STREET 1698 NE 164TH STREET NORTH MIAMI BEACH FL 33162 NORTH MIAM! BEACH FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRETAH, RIMON Street Address (P.O. Box Number is Not Acceptable) 1698 NE 164TH STREET ŧ NORTH MIAMI BEACH FL 33162 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 ager SIGNATURE Signature, typed or printed name of registered agent and title if applicable (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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition GRETAH, RIMON NAME NAME 1698 NE 164TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

attachment



Phone: 305-992-3532 email: Rimong@aol.com

Friday, September 5, 2003

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To whom this may concern

I am new corporation and I have not received notice of The Uniform Business Report until now. I am trying to run this new corporation by myself. This is the first time doing so and I have only lost money. Secondly, I would not even be able to afford a late fee, it would basically shut me down. Once again I have never received a prior notice in the mail. If you could be so kind as to waive the late fee and accept the original full payment which I have enclosed, it would save my business.

,

Rimon Gretah