2004 FOR PROFIT CORPORATION

FILED
May 26, 2004 8:00 am
Secretary of State
04-30-2004 90219 038 ***150.00 4/30/

Mailing Address Mailing Address Signature Mailing Address Signature	DOCUMENT # P030000 1. Entity Name MD2 MARKETING GROUP, INC			04-30	-2004 90219 038 130
Sulin, April 4, etc.	14930 REDCLIFF DR.	36181 EASTLAKE RD. SUITE 224	35	LIGHTER IN CAUSE MIN STILL BEIN BEIN	edin 184 Briktae (ITV) KTM METBEL Ir IRES
City & State City & State Country Count	2. Principal Place of Business		WFFDR		
Substance Subs	Suite, Apt. #, etc.	Suite, Apt. #, etc.		04282004 Chg-P	CR2E034 (10/03)
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Decide of Texts of New Registered Agent 8. Decide of Texts of New Registered Agent 8. Decide of Texts of New Registered Agent 9. Decide of Texts of New Registere	· · · · · · · · · · · · · · · · · · ·	City & State I AMPA PU-		4. FEI Number 7032-04	Not Applicable
Name		33625		<u> </u>	Fee Required
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		rment Registered Agent	Name	7. Name and Address of New Ro	iglistered Agent
City FL Zip Code 6. The above named ontry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forlida. I am landlar with, and accept the obligations of registered agent, or both, in the State of Forlida. I am landlar with, and accept the obligations of registered agent and the spiritual property of the obligations of registered agent and the spiritual property of the obligations of registered agent and the spiritual property of the obligations of registered agent, or both, in the State of Forlida. I am landlar with, and accept the obligations of registered agent and the spiritual property of the obligations of registered agent and the spiritual property of the obligations of registered agent, or both, in the State of Forlida. I am landlar with, and accept the obligations of Forlida. I am landlar with, and accept the obligations of Forlida. I am landlar with, and accept the obligations of Forlida. I am landlar with, and accept the obligations of Forlida. I am landlar with, and accept the obligations of Forlida. I am landlar with, and accept the obligations of Forlida. I am landlar with, and accept the obligations of Forlida. I am landlar with, and accept the obligations of Forlida. I am landlar with, and accept the obligations of Forlida. I am landlar with, and accept the obligations of Forlida. I am landlar with, and accept the obligations of Forlida. I am landlar with, and accept the forlidation of Forlidation of Forlidation of Forlidation of Forlidation. International property of Forlidation of For	14930 REDCLIFF DR.	ريونو اسان وند دانسيان م انستا ا	Street Address	(P.O. Box Number is Not Acceptable)
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 bod to present over or registered agent and tail it applicable. ONTE Registered Agent signature received after methatory) ONTE			City		Zip Code
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 Total Fund Contribution TILE SALS DIRECTORS OFFICERS AND DIRECTORS TILE MAKE STREET ADDRESS CITY-ST-2P TILE MAKE MAKE STREET ADDRESS CITY-ST-2P TILE MAKE STREET ADDRESS CITY-ST-2P TILE MAKE STREET ADDRESS CITY-ST-2P TILE MAKE MAKE STREET ADDRESS CITY-ST-2P TILE MAKE		nent for the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of Flo	: _
After May 1, 2004 Fee will be \$350.00 Trust Fund Contribution. Added to Fees Total Fund Contribution. Delets Total Fund Contribution. Added to Fees Total Fund Contribution. Added t	SIGNATURE	ed agent and title if applicable. (NOTE:	Registered Agent signature require	ad when reinstating)	DATE
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NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with his 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 region 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 receivery or true of appropriate 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 altachment with an activity. But all other kie empowered. SIGNATURE:	NAME Street Address	☐ Delets	NAME STREET ACORESS		☐ Change ☐ Addition
SIGNATURE: AND WELL SIGNATURE:	NAME STREET ADDRESS	☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition
	SIGNATURE:	ld 711			<u></u>