

P030000079150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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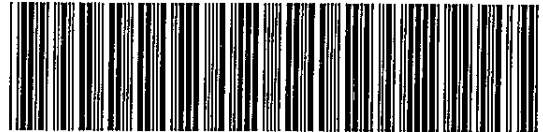
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNIQUE MARKETING SOLUTIONS INC
(Name of corporation)

DOCUMENT NUMBER: P03000079150

The enclosed *Statement of Change of Registered Office/Agent* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREW DORKO

(Name of person)

UNIQUE MARKETING SOLUTIONS INC

(Name of firm/company)

684 S HIGHWAY 17-92

(Address)

LONGWOOD, FLORIDA 32750

(City/state and zip code)

For further information concerning this matter, please call:

ANDREW DORKO

(Name of person)

at (321)

303-9338

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

"STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: UNIQUE MARKETING SOLUTIONS. INC.
2. The principal office address: 684 S HIGHWAY 17-92
LONGWOOD, FLORIDA 32750
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 7/17/2003 Document number: P03000079150
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
PATRICIA DORKO
1110 DOUGLAS AVE SUITE 1040
ALTAMONTE SPRINGS, FLORIDA 32714
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ANDREW DORKO
684 S HIGHWAY 17-92
(P.O. Box or personal mailbox NOT acceptable)
LONGWOOD, FLORIDA 32750

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer, chairman or vice chairman of the board)

ANDREW DORKO, DIRECTOR
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

9/22/03

(Date)

If signing on behalf of an entity:

ANDREW DORKO
(Typed or Printed Name)

DIRECTOR
(Capacity)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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TALLAHASSEE, FLORIDA