

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000139953

FILED  
Apr 11, 2011  
Secretary of State

**Entity Name:** UNIVERSITY ALLIANCE MARKETING GROUP, INC.

**Current Principal Place of Business:**

3501 RIGA BLVD  
SUITE 200  
TAMPA, FL 33619 US

**New Principal Place of Business:**

**Current Mailing Address:**

3501 RIGA BLVD  
SUITE 200  
TAMPA, FL 33619 US

**New Mailing Address:**

**FEI Number:** 20-0422650

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STRASCHNOV, GEORGE J ESQ.  
3501 RIGA BLVD.  
SUITE 200  
TAMPA, FL 33619 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: BISK, NATHAN M  
Address: 3501 RIGA BLVD  
City-St-Zip: TAMPA, FL 33619

Title: P  
Name: SMITH, JOSEPH R  
Address: 3501 RIGA BLVD  
City-St-Zip: TAMPA, FL 33619

Title: VP  
Name: BISK, MIKE  
Address: 3501 RIGA BLVD  
City-St-Zip: TAMPA, FL 33619

Title: VT  
Name: GEARY, WILLIAM  
Address: 3501 RIGA BLVD  
City-St-Zip: TAMPA, FL 33619

Title: SEC  
Name: STRASCHNOV, GEORGE J  
Address: 3501 RIGA BLVD  
City-St-Zip: TAMPA, FL 33619

Title: VP  
Name: MARRULLIER, ADRIAN  
Address: 3501 RIGA BLVD  
City-St-Zip: TAMPA, FL 33619

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH R. SMITH

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04/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date