

P06000145973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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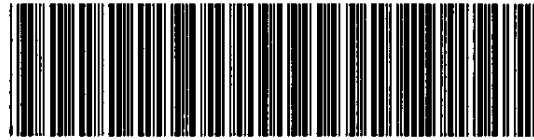
(Business Entity Name)

(Document Number)

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2006 DEC 19 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 19 2006  
T. Roberts



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 11, 2006

EVE SARDI  
525 N OCEAN BLVD #1416  
POMPANO BEACH, FL 33062

SUBJECT: MARKETING GUIDE INC.  
Ref. Number: P06000145973

We have received your document for MARKETING GUIDE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Document Specialist

Letter Number: 706A00070521

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MARKETING GUIDE INC

(Name of Corporation)

**DOCUMENT NUMBER:** P06000145973

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EVE SARDI

(Name of Contact Person)

(Firm/Company)

525 N OCEAN BLVD #1416,

(Address)

POMPANO BEACH, FL 33062

(City/State and Zip Code)

For further information concerning this matter, please call:

EVE SARDI

(Name of Contact Person)

954

785-6008

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF CORRECTION

for

MARKETING GUIDE INC.

Name of Corporation as currently filed with the Florida Dept. of State

P06000145973

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct \_\_\_\_\_  
(Document Type Being Corrected)

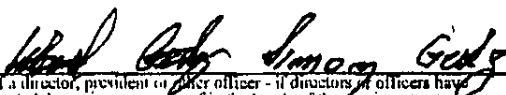
filed with the Department of State on NOV.21 2006  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

## ARTICLE V

THE NAME SHOULD BE ISRAEL L. GEDZ AND NO SIMON M GEDZ AS  
LISTED PREVIOUSLY

Correct the inaccuracy, incorrect statement, or defect:

  
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary)

GEDZ SIMON, M

(Typed or printed name of person signing)

PR.

(Title of person signing)

Filing Fee: \$35.00