

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000007792

FRONT MARKETING, INC.

FILED
Apr 14, 2000 8:00 ar
Secretary of State

04-14-2000 90107 025 ***150.00

Place of Business Mailing Address
RD. 2404 N. SURF RD.
FL 33019 HOLLYWOOD FL 33019-3520
US

C0061578



DO NOT WRITE IN THIS SPACE

1. Place of Business		3. Mailing Address		4. FEI Number 65-0385592		Applied For Not Applicable	
Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
State		City & State		Country		Country	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
UBART, LEONARD 00 W CYPRESS CREEK ROAD SUITE 700 T. LAUDERDALE FL 33309				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
Corporation is eligible to satisfy its Intangible Tax requirement and elects to do so. <input type="checkbox"/> (Criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P WEBB, MIRIAM R 21547 ST. ANDREWS GRAND CIR BOCA RATON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 stated 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 11 or Block 12 if signed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Miriam R Webb*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00 954-927-0600
Date Daytime Phone #

CR2E034 (9/99)