

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90288 007 ***150.00

20038443

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000013950 1. Entity Name BRENNER MARKETING, INC.					
Principal Place of Business MIZNER PARK 414 PLAZA REAL BOCA RATON, FL 33432			Mailing Address MIZNER PARK 414 PLAZA REAL BOCA RATON, FL 33432		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0381283	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BRENNER, RONNIE 4301 NORTH OCEAN BLVD. SUITE A-1706 BOCA RATON, FL 33431					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 _____ (NOTE: Registered Agent's signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME BRENNER, RONNIE STREET ADDRESS 4301 N. OCEAN BLVD., STE. A1706 CITY-ST-ZIP BOCA RATON, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 indicated 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.					
SIGNATURE: _____ 9/26/03 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E034 (10/02)



GOLDSTEIN LEWIN & CO.

Certified Public Accountants and Consultants

Attachment
P93000013950
20038443

CLIENT: Brenner Marketing, Inc.
ATTACHED IS YOUR: 2003 Uniform Business Report
FOR THE PERIOD ENDED: 2003

INSTRUCTIONS FOR FILING TAX RETURN

This instruction sheet and attached return marked "Copy" are for your files.

TO BE SIGNED AND DATED BY:	<input type="checkbox"/> Taxpayer <input checked="" type="checkbox"/> Officer <input type="checkbox"/> General Partner
OVERPAYMENT:	<input type="checkbox"/> Refund _____ <input type="checkbox"/> Overpayment is being credited to the next quarter _____
AMOUNT OF TAX LIABILITY:	<input type="checkbox"/> No tax due <input checked="" type="checkbox"/> \$150
MAKE CHECK PAYABLE TO:	<input type="checkbox"/> United States Treasury <input type="checkbox"/> Florida Department of Revenue <input type="checkbox"/> Florida Unemployment Compensation Fund <input type="checkbox"/> Your Bank with depository coupon <input checked="" type="checkbox"/> Other: <u>Florida Department of State</u>
MAIL:	<input checked="" type="checkbox"/> Tax return and check - use enclosed envelope <input type="checkbox"/> Tax return only - use enclosed envelope <input type="checkbox"/> Check and depository coupon to your bank. Indicate type of tax as _____ and tax period as _____ <input type="checkbox"/> Electronic transfer Indicate type of tax as _____ and tax period as _____
MAIL ON OR PRIOR TO:	<u>May 1, 2003</u>
SPECIAL INSTRUCTIONS:	<u>Include "2003 UBR Document # P93000013950" on your check.</u>

Do not hesitate to call us if you have any questions.

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Fort Lauderdale Office
315 SE 7th Street, 2nd Floor
Fort Lauderdale, Florida 33301
(Reply to Boca Address)