## 2005 FOR PROFIT CORPORATION

## **FILED** Jan 12, 2005 08:00 AM **Secretary of State**

CR2E034 (10/03)

Applied For

Not Applicable

DOCUMENT # P93000 1. Entity Name M & L MARKETING, INC.	056895	
Principal Place of Business	Mailing Address 3844 S. TUTTLE AVENUE SARASOTA, FL 34239 US	

DO NOT WRITE IN THIS SPACE



No Chg-P

01062005

4. FEI Number 65-0431838

## \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SILBERSTEIN, DAVID M DO NOT WRITE 720 SOUTH ORANGE AVENUE SARASOTA, FL 34236 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if appPcatile (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 1100000177891 SIDEMAN, GERALD 01/12/05-80006-001 150.00 3844 S. TUTTLE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL SIDEMAN, INNA STREET ADDRESS 3844 S. TUTTLE SARASOTA, FL CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS

12. Thereby 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 accurage 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 a other life ampowered.

SIGNATURE:

10. TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE NAME.

CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR