

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90107 018 ***150.00

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1. Entity Name

KING COMMUNICATIONS & MARKETING, INC.



Principal Place of Business

**5107 MARINA CIRCLE
BOCA RATON FL 33486
US**

Mailing Address

**265 S. FEDERAL HWY.
#151
DEERFIELD BEACH FL 33441
US**

2. Principal Place of Business

3. Mailing Address

5107 Marina Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton, FL

4. FEI Number

65-0451833

Applied For

Not Applicable

Zip

Country

Zip

Country

33486

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KING, LISA DIANE P
5107 MARINA CIRCLE
BOCA RATON FL 33486**

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

**D
KING, LISA DIANE P
5107 MARINA CIRCLE
BOCA RATON FL**

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 8, 2003

Daytime Phone #

CR2E034 (10/02)