2001 UNIFORM BUSINESS REPORT (UBR) Apr 16, 2001 8:00 am Secretary of State DOCUMENT # **P94000038616** 1. Entity Name EASTERN DIRECT MARKETING CO. 04-16-2001 90479 005 ***150 00 Principal Place of Business Mailing Address 600 S. DIXIE HWY. 600 S. DIXIE HWY. STE 210 STE 210 70000 **BOCA RATON FL 33432 BOCA RATON FL 33432** HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0491873 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRAXL, KURT Street Address (P.O. Box Number is Not Acceptable) 600 S. DIXIE HWY. STE #210 **BOCA RATON FL 33432** City Zip Code FL 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD TITLE ☐ Delete ☐ Addition TITLE Change NAME KEMP, PHILLIP NAME STREET ADDRESS STREET ADDRESS 600 S DIXIE HWY #210 CITY-ST-7P CITY-ST-ZIP **BOCA RATON FL** VPD TITLE ☐ Delete TITLE Change ☐ Addition NAME DRAXL, KURT NAME STREET ADDRESS 600 S DIXIE HWY #210 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE ☐ Delete TITLE ☐ Change ¯ [Addition NAME SUTTON, DONALD NAME STREET ADDRESS STREET ADDRESS **600 S DIXIE HWY 210** CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** TITLE ☐ Change ☐ Delete TITI F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 first 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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIF

SIGNATURE AND TYPED OR PRINTED PAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

561-391-9686

Daytime Phone #