Daytime Phone #

2001	UNIFORM	BUSINESS	REPORT	(UBR
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changed, or on an attachment with an address, with all other like empowered

FILED Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P94000044546 CENTURY MARKETING INTERNATIONAL INCORPORATED 04-16-2001 90063 046 ***150.00 Principal Place of Business Mailing Address 2620 61 ST STREET E. 2620 61ST STREET E. **BRADENTON FL 34208 BRADENTON FL 34208** 00037055 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc." DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc." City & State City & State 4. FEI Number Applied For 65-0516366 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TOMCZAK, JOSEPH S Street Address (P.O. Box Number is Not Acceptable) 2620 61 ST STRUBTE E TOMCZAK, JOSEPH S O 2620(51) ST) E BRADENTON FL 34208 STILL NOT COMETT 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 JOSUPH S. TOM CZAK II 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12, **PVST** TITLE ☐ Delete TITLE Addition NAME TOMCZAK, JOSEPH S II NAME STREET ADDRESS 2620 61ST STREET E STREET ADDRESS ş, CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** TITLE ☐ Delete TITLE Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if the relation of the property with a statute of the relation of the property with 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 the relation of the property with the same legal effect as if made under oath; that I am an officer or director of the corporation of the relation of

T JOSEPH S. TOMCZAK II SIGNING OFFICER OF DIRECTOR