2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9400058395 Jul 20, 2000 8:00 am Secretary of State 1. Entity Name SUN MARKETING ASSOCIATES, INC. 07-20-2000 90017 021 ***550.00 Mailing Address Principal Place of Business 1822 DREW ST. 1822 DREW ST. STE. #1 STE. #1 CLEARWATER FL 33765 **CLEARWATER FL 33765** 2. Principal Place of Business 3. Mailing Address 1200 Starkey Road 1200 Storkey DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suik 110 Suite 110 Applied For 4. FEI Number City & State City & State 59-3263968 Not Applicable Country Pinellas \$8.75 Additional Country 5. Certificate of Status Desired Fee Required Pinellas 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LARSON, ARLAN ot Address (P.O. Box Number is Not Acceptable) 1822 DREW ST. Starkey STE. #1 **CLEARWATER FL 33765** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After SEPTEMBER 13, 2000 Mln. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. P/T/D TITI F Change ☐ Addition TITLE □ Delete LARSON, ARLAN NAME NAME 1200 Starkey Read, Suite 110 STREET ADDRESS 1822 DREW ST. STE #1 STREET ADDRESS Largo, FL 33771 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33765** Change ■ Addition ☐ Delete TITLE TITLE Ed Smeltz NAME NAME 1200 Starkey Coast, Suite HO STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP Change **Addition** ☐ Delete TITLE Michael Williams NAME NAME 1200 Starkey Road, Suite 110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Largo FL 3377/ CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE John Brown NAME NAME 1200 starkey Road, Suite 110 Largo, FL 3771 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ▼ Addition TITLE ☐ Delete John Kochler NAME NAME 1200 Starkey Road, Juite 110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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 emowered to execute this report 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 adverse, with all other like empowered. SIGNATURE: