

DOCUMENT # P95000074310

1. Entity Name
TMA CONSULTING GROUP, INC.

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90045 020 ***150.00

Principal Place of Business 3935 LIVE OAK BLVD. DELRAY BEACH FL 33445	Mailing Address 3935 LIVE OAK BLVD. DELRAY BEACH FL 33445
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 65-0608189	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARNOVITZ, THEODORE M
3935 LIVE OAK BLVD.
DELRAY BEACH FL 33445

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 adopts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Theodore M Arnovitz* DATE: 01/02/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	ARNOVITZ, THEODORE M	
STREET ADDRESS	3935 LIVE OAK BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33445-7001	
TITLE	VPAT	<input type="checkbox"/> Delete
NAME	ARNOVITZ, MATTHEW E	
STREET ADDRESS	22 S JEFFERSON ST	
CITY-ST-ZIP	DAYTON OH 45402	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ARNOVITZ, SCOTT J	
STREET ADDRESS	1490 QUEENS BLVD	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ARNOVITZ, MEAD E	
STREET ADDRESS	EL CASAJAL 512-3	
CITY-ST-ZIP	LIMA, PERU PE	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHAVIN, IRIS	
STREET ADDRESS	3935 LIVE OAK BLVD	
CITY-ST-ZIP	DELRAY BCH FL 33445-7001	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YATES, DOUG	
STREET ADDRESS	1490 QUEENS BLVD	
CITY-ST-ZIP	LOS ANGELES CA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Theodore M Arnovitz* DATE: 01/02/00 561-637-8196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)