

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90148 048 ***150.00

DOCUMENT # P95000075115

1. Entity Name
JMK INTERACTIVE, INCORPORATED

Principal Place of Business

**6073 NW 167 ST
 UNIT C-4
 MIAMI FL 33015
 US**

Mailing Address

**6073 NW 167 ST
 UNIT C-4
 MIAMI FL 33015
 US**

2. Principal Place of Business

6175 NW 153rd. St.

Suite, Apt. #, etc.

103

City & State

MIAMI LAKES FL

Zip

33014

Country

USA

3. Mailing Address

6175 NW 153rd. St.

Suite, Apt. #, etc.

103

City & State

MIAMI LAKES FL

Zip

33014

Country

USA

6. Name and Address of Current Registered Agent

**KLINE, JEFFREY M
 2246 NW 159TH LANE
 PEMBROKE PINES FL 33028**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 **CEOP** ☐ Delete
 NAME **KLINE, JEFFREY M**
 STREET ADDRESS **2246 NW 159TH LANE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-02

Date

305-825-6282

Daytime Phone #

CR2E034 (9/01)