FILED

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Secretary of State P95000093255 DOCUMENT # 01-27-2003 90319 016 ***150.00 1. Entity Name MARTIN INTERNATIONAL PRESS. INC. Principal Place of Business Mailing Address 1249 W. OLD PHILLIPS ROAD 1249 W. OLD PHILLIPS ROAD PINNACLE NC 27043 PINNACLE NC 27043 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3361534 Not Applicable Zip Country Country Zip \$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 Name ORRIS, DAVID Street Address (P.O. Box Number is Not Acceptable) 1308 LAKE CREST AVENUE **BRANDON FL 33510** City 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. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE MARTIN, PENELOPE E NAME NAME 1805 LAKE CREST AVENUE STREET ADDRESS STREET ADDRESS **BRANDON FL 33510** CITY-ST-7IP CITY-ST-ZiP Change ☐ Addition TITLE TITLE Delete NAME BURNHAM, H W NAME 1805 LAKE CREST AVENUE STREET ADDRESS STREET ADDRESS **BRANDON FL** CITY-ST-ZIF 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 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. 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 10 or Block 11 if ce. ProsidaNT

SIGNATURE: