FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600001943 1. Entity Name TPC MARKETING, INC.							Apr 29, 2002 8:00 am Secretary of State 04-29-2002 90053 014 ***155.00					
Principal Place 11251 HEROI SUITE 3415 CORAL SPRII US			Mailing Address 11251 HERON BAY BLVD SUITE 3415 CORAL SPRINGS FL 33076 US									
2. Principal P	Place of Business	[;	3. Mailing Address						AANN AANN CAN	 		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat	e		City & State			4.	FEI Number	65-06358	31		pplied For ot Applicable	
Zip	Country		Zip Coun		itry	5. Certificate of Status Desired				\$8.75 Ad	lditional	
6. Name and Address of Current R			gistered Agent		7, 1	7. Name and Address of New Registered Agent						
110150	201102				Name							
ugles; richard 11251 Heron Bay Blvd					Street Addre	ess (P.O. E	s (P.O. Box Number is Not Acceptable)					
SUITE 34												
CURAL S	PRINGS FL 33076			City	ity			FL Zip Code				
8. The above	named entity submits this	statement for th	e purpose of changing its	register	ed office or regi	istered ag	gent, or both	, in the State of	Florida.			
SIGNATURE	Signature, typed or printed name of a	registered agent and t	itle if applicable. (NOT	E: Registere	d Agent signature req	quired when re	einstaling)		DATE			
9. This corne	oration is eligible to satisfy i	ts Intangible	FILE NOW!	II FEE	IS \$150.00							
Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta					tion Ca <u>mpaig</u> n I t Fund Contribu		— \$5.0 Adde	00 May.Be — d to Fees	
11.	-	ICERS AND DIF		12.	spartment or a		DITIONS	HANGES TO O	EEICEBS AN	D DIRECTOR	C INI 11	
TITLE	P	IOCHO MAD DII	□ Delete		AL	DOTTIONS/C	HANGES TO O	-FICENS AN	Change	Addition		
NAME UGLES, RICHARD				NAM	£							
STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33076			415		ET ADDRESS -ST-ZIP							
TITLE	CONAL OF NINGO FE		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME			L.J Delete	NAM						L'1 cuantie		
STREET ADDRESS		,		STRE	ET ADDRESS							
CITY-ST-ZIP				CITY	-ST-ZIP				•			
TITLE NAME	•		☐ Delete	TITLE						Change	☐ Addition	
STREET ADDRESS				NAMI STRE	ET ADDRESS						ı	
CITY-ST-ZIP					-ST-ZIP							
TITLE			☐ Delete	TITLE						☐ Change	☐ Addition	
NAME	ري عيو⊬ شهي ي	· ·	ياق بها جواله المحارب ال	NAMI					-			
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST - ZIP							
TITLE	**** w. *		□ Delete	TITLE						☐ Change	Addition	
NAME			Ocicie	NAME						ondinge	L_J Addition	
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP				CITY-	-ST-ZIP							
TITLE NAME			☐ Delete	TITLE						Change	☐ Addition	
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP				CITY-	-ST-ZIP							
indicated of the corp	ertify that the information so on this report or supplement coration or the receiver or to or on an attachment with a	ntal report is true rustee empower n address, with	e and accurate and that med to execute this report.	ny signat as requir }	nption stated in ure shall have to ed by Chapter	Section he same I 607, Florid	119.07(3)(i), legal effect a da Statutes;	Florida Statutes as if made unde and that my na	. I further ce r oath; that I me appears	rtify that the ir am an officer in Block 11 or	nformation or director r Block 12 if	