2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jun 14, 2001 8:00 am Secretary of State DOCUMENT # P9600030213 06-14-2001 90011 001 ***550.00 INNOVATIVE MARKETING STRATEGIES, INC. Principal Place of Business Mailing Address 321 NE 47TH CT 321 NE 47TH CT A0073109 OCALA FL 34470 OCALA FL 34470 2. Principal Place of Business 8HTW 110 Start 3. Mailing Address 8717 W. 110th Street Suite, Apt. #, etc. Suite 270 DO NOT WRITE IN THIS SPACE City & State Park Applied For 4. FEI Number 65-0660599 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --- 6. Name and Address of Current Registered Agent Bullard Wownen RASMUSSEN, STEVEN T Street Address (P.O. Box Number is Not Acceptable) 321 NE 47TH CT OCALA FL 34470 Meala 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Steven T Rasmyssen TITLE ☐ Addition ☐ Delete NAME RASMUSSEN, STEVEN 8514 W. 1944 St STREET ADDRESS 321 NE 47TH CT STREET ADDRESS overland Park, KS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34470 ☐ Delete ☐ Change X Addition TITLE TITLE Grading A yenter 15800 Reservood NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THIE ☐ 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS 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 required or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED

PRINTED NAME OF SIGN