FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 09, 2001 8:00 am DOCUMENT # P96000062338 **Secretary of State** DISTINCTIVE LIVING MEDIA, INC. 03-09-2001 90496 007 \*\*\*150.00 Principal Place of Business Mailing Address 6216 N FEDERAL HWY P.O. BOX 23400 ひひひんりひりせ FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33307 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3388783 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DELISLE, MARC D 6216 N FEDERAL HWY FT LAUDERDALE FL 33308 City submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete -TIT1 F TITLE NAME DELISLE, MARC D STREET ADDRESS STREET ADDRESS 6216 N FEDERAL HWY CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 TITLE ☐ Delete TITLE NAME DELISLE, PAUL R NAME MCNAB Rd #130 STREET ADDRESS 6216 N FEDERAL HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 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 TITLE □ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of trustee emptywered 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 attachme an address, wit other like empowered.

FICER OR DIRECTOR