

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91392 023 ***150.00

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| DOCUMENT # P96000062338 |
| 1. Entity Name DISTINCTIVE LIVING MEDIA, INC. |

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| Principal Place of Business 100 E. MCNAB RD 130 POMPANO BEACH FL 33060 US | Mailing Address 100 E. MCNAB RD 130 POMPANO BEACH FL 33060 US |
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| 2. Principal Place of Business 130 E. McNab Rd Suite, Apt. #, etc. | 3. Mailing Address 130 E. McNab Rd Suite, Apt. #, etc. |
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| City & State Pompano Beach, FL | City & State Pompano Beach |
| Zip 33060 | Zip 33060 |
| Country | Country |

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| 4. FEI Number 59-3388783 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent DELISLE, MARC D 2144 NE 64TH ST FORT LAUDERDALE FL 33308 |
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| 7. Name and Address of New Registered Agent Name: MARC D. Delisle Street Address (P.O. Box Number is Not Acceptable): 6500 NE 31 Lane City: Ft Lauderdale FL Zip Code: 33308 |
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| 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: <i>Marc D Delisle</i> DATE: 3/29/02 <small>(NOTE: Registered Agent signature required when reinstating)</small> |
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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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 <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DELISLE, MARC D 2144 NE 64TH ST FT. LAUDERDALE FL 33308 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DELISLE, PAUL R 100 E. MCNAB RD #130 POMPANO BEACH FL 33060 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DELISLE, MARC D 6500 NE 31 Lane Ft Lauderdale FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered. |
| SIGNATURE: <i>Marc D Delisle</i> DATE: 3/29/02 DAYTIME PHONE #: 954-351-1001 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |

CR2E034 (9/01)