

FILED  
May 21, 2003 8:00 am  
Secretary of State

05-21-2003 90190 023 \*\*\*150.00

**2003 FOR PROFIT CORPORATION/  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P96000071242</b>		
1. Entity Name <b>ADVANCED MARKETING, INC.</b>		
Principal Place of Business 2263 NORTH EAST 164TH STREET NORTH MIAMI BEACH, FL 33160		Mailing Address 2263 NORTH EAST 164TH STREET NORTH MIAMI BEACH, FL 33160
2. Principal Place of Business <b>2000 NE 164 ST</b> State, Apt. #, etc. <b>North Miami Beach</b> City & State <b>FLORIDA</b> Zip <b>33162</b> Country		3. Mailing Address <b>2000 NE 164 ST</b> State, Apt. #, etc. <b>North Miami Beach</b> City & State <b>FLORIDA</b> Zip <b>33162</b> Country
		4. FEI Number <b>85-0689325</b> Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>TERRINONI, MICHAEL J</b> <b>2000 NE 164 M ST</b> <b>MIAMI, FL 33162</b>		7. Name and Address of New Registered Agent Name <b>Michael J. Terrinoni</b> Street Address (P.O. Box Number is Not Acceptable) <b>2000 NE 164 ST</b> City <b>North Miami Beach</b> FL Zip Code <b>33162</b>
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  DATE <b>5/16/03</b> <small>Signature, name or printed name of registered agent and title if applicable. (MORE: Registered Agent signature required when instituting)</small>		
FILE NOW WITH FEE IS \$150.00. After May 1, 2003 Fee will be \$550.00. Make Check Payable to Florida Department of State.		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TERRINONI, MICHAEL J</b> <b>2263 NORTH EAST 164TH STREET</b> <b>NORTH MIAMI BEACH, FL 33160</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <b>5/16/03</b> <b>305.944.7018</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Original Phone #</small>

CR2034 (10/02)