FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91367 017 ***150.00

FOR PROFIT CORPORATION
2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072753

1. Entity Name

STAT! MARKETING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
934 Coral Club Drive	934 Coral Club Drive
Suite, Apt # etc	Suite, Apt # etc
City & State: Coral Springs, FL	City & State: Coral Springs, FL
Zip: 33071 Country: US	Zip: 33071 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0692942

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Friedman, Janet
Street Address (P.O. Box Number is Not Acceptable): 934 Coral Club Drive
City: Coral Springs FL Zip Code 33071

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Friedman, Janet 934 Coral Club Drive Coral Springs, FL 33071	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Janet Friedman X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Janet Friedman