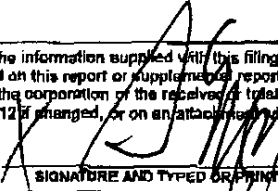


FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91289 039 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092896																															
1. Entity Name TECHNOLOGY MARKETING GROUP, INC.																															
Principal Place of Business 150 S. UNIVERSITY DR. SUITE F PLANTATION, FL 33324		Mailing Address 150 S. UNIVERSITY DR. SUITE F PLANTATION, FL 33324																													
2. Principal Place of Business 100 S. Pine Island Road		3. Mailing Address 100 S. Pine Island Road																													
Suite, Apt. #, etc. # 148		Suite, Apt. #, etc. #148																													
City & State		City & State																													
Zip	Country	Zip	Country																												
4. FEI Number 65-0712507		Applied For ☐ Not Applicable																													
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent MAZOFF, SI 150 S UNIVERSITY DRIVE, SUITE F PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100 S. Pine Island Road, #148 City FL Zip Code																													
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) DATE																															
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																													
<table border="1"> <tr> <th colspan="2">11. OFFICERS AND DIRECTORS</th> <th colspan="2">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>D MAZOFF, SI 150 S. UNIVERSITY DR, STE F PLANTATION, FL 33324 ☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☒ Change ☐ Addition 100 S. Pine Island Road, #148</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Change ☐ Addition</td> </tr> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAZOFF, SI 150 S. UNIVERSITY DR, STE F PLANTATION, FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 100 S. Pine Island Road, #148	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 12 or changed, or on an attachment to this address, with all other like empowered.																															
SIGNATURE: 		Date 4-27-01 (954) 370-0504																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #																													