2000 UNIFORM BUSINESS REPORT (UBR) Apr 25, 2000 8:00 am Secretary of State DOCUMENT # P97000024133 (5) DUAL MARKETING INC 04-25-2000 90004 009 \*\*\*150.00 Principal Place of Business Mailing Address 1278 SANDCASTLE RD 1278 SANDCASTLE RD SANIBEL ISLAND FL 33957 SANIBEL ISLAND FL 33957-3619 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0791327 Not Applicable Zip Country Country \$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 TAICHNAR, A. RONALD Street Address (P.O. Box Number is Not Acceptable) 1702 SAND PEBBLE WAY Sanibel FL 33957 Zio 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, typed or printed name of registered agent and title if applicable DATE 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition ALEXANDER, STEPHEN J NAME STREET ADDRESS 1278 SANDCASTLE RD STREET ADDRESS CITY-ST-ZIP SANIBEL ISLAND FL 33957 CITY - ST - ZIP TITLE ☐ Detete TITE F Change Addition NAME ALEXANDER, CHARLYNN K NAME STREET ADDRESS 1278 SANDCASTLE RD STREET AODRESS CITY - ST - ZIP SANIBEL ISLAND FL 33957 CITY-ST-ZIP TITLE ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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

13. I nereby 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 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 if changed, or on an attachment that an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY - ST - ZIP

ATURE AND TOPPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

J. Alexander 3-28-00

9413959203

Daylime Phone #