2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028559

1. Entity Name

DSH MARKETING, INC.

Principal Place of Business	Mailing Address
2000 S. OCEAN LANE #12 FT. LAUDERDALE FL 33316	2000 S. OCEAN LANE #12 FT. LAUDERDALE FL 33316

2. Principal Place of Business	3. Mailing Address
410 S.E. 16 Ave	410 SE. 16 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
Ft. Laud., FL	Ft. Laud., FL	65-0750851	Not Applicable
Zip 33301	Country USA	Zip 33301	Country USA

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOUSTON, DEBORAH S 2000 S OCEAN LANE #2 FORT LAUDERDALE FL 33316	Name: Deborah S. Houston Street Address (P.O. Box Number is Not Acceptable): 410 SE 16 Ave City: Ft. Laud FL Zip Code 33301

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 _Deborah S Houston_   3/5/01

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. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete	TITLE	President	☑ Change ☐ Addition
NAME	HOUSTON, DEBORAH		NAME	Deborah S. Houston	
STREET ADDRESS	2000 S. OCEAN LANE #12		STREET ADDRESS	410 SE 16 Ave	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST-ZIP	Ft. Laud., FL 33301	

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		
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		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Deborah S Houston, Pres_ Deborah S. Houston 3/04/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

954-779-2645