

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jul 06, 1999 8:00 am  
Secretary of State

07-06-1999 90002 044 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000048590 ✓  
1. Corporation Name  
RED SKY MARKETING, INC.

Principal Place of Business Mailing Address  
109 S.W. 2ND AVENUE 109 SW 2ND AVENUE  
FT LAUDERDALE, FL 33301 FT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 109 S.W. 2ND AVENUE 26 109 S.W. 2ND AVENUE  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 FORT LAUDERDALE, FL 28 FORT LAUDERDALE, FL  
Zip Country Zip Country  
24 33301 25 BROWARD 29 33301 30 BROWARD

3. Date Incorporated or Qualified  
05/30/97  
4. FEI Number 65-0754253 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
DONALD J. THOMAS  
4730 NW BOCA RATON BLVD  
BOCA RATON, FL 33431

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIRECTOR, PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIC LEVIN	1.2 NAME	
STREET ADDRESS	109 S.W. 2ND AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33301	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/19/99 305-674-7221

CR2E034 (11/98)

P97000048590  
581644-90002-44

JEFFREY M. SHEPARD  
8211 W. BROWARD BLVD.  
SUITE 450  
PLANTATION, FL 33324

Request taken by: lsellers  
04-30-1999

The forms you recently requested from this office are:

(10) 201. COR Profit A/R

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

p97000048590  
581644-90002-44

Please be advised that  
we contacted the department  
on 4/30/99 and spoke with  
Ms. L. Sellers informing her  
that we never received the  
1999 annual report, requesting  
a blank filing copy which  
we are hereby submitting.

(See correspondence enclosed.)

Please accept the \$150 fee  
without penalty, accordingly,

Jeffrey M. Shyn2CM