

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000061493

1. Entity Name
MARKETING SUPPORT SYSTEMS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90037 049 ***150.00

Principal Place of Business
2501 SOUTH BUMBY AVE
ORLANDO FL 32806

Mailing Address
2501 SOUTH BUMBY AVE
ORLANDO FL 32806-5012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3458328		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
GOOGINS, DANIEL J 2501 SOUTH BUMBY AVE ORLANDO FL 32806				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD BOOZER, CECIL E. 2501 S BUMBAY AVE ORLANDO FL 32806	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 498 Palm Springs Dr. Ste 100 Altamonte Springs, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete GOOGINS, RENATE B 2501 SOUTH BUMBY AVE ORLANDO FL 32806	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ST Barton, Carolyn 498 Palm Springs Dr. Ste 100 Altamonte Springs, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete BARTON, CAROLYN 2501 S BUMBAY AVE ORLANDO FL 32806	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition (Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete (Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition (Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete (Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition (Empty)

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: *Carolyn Barton* *Carolyn Barton* 4/24/00 407-261-8915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)