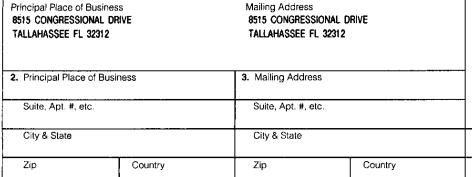
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR



Apr 11, 2003 8:00 am Secretary of State 04-11-2003 90161 022 ***150.00

FILED

| DOCUMENT # . Entity Name MARKETSERVE, INC. | P97000067783 | |
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|---|--|-----------------------------|--|---|--|-------------|-------------------------------|--|
| 2. Principal Place | 2. Principal Place of Business 3. Mailing Address | | SS | | 1 100 1100 110 10 10 11 10 11 10 11 10 11 10 11 10 11 11 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, e | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | | |
| City & State | | City & State | City & State | | 54-34/24/2 | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | у | | | 5 Additional equired | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | |
| THOMOSON | م ۱۹۵۸ م | | - جار سے، زیمان | -Name | | | | |
| THOMPSON, SUSAN S | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 3520 THOMAS | SVILLE ROAD | | | | | | | |
| 4TH FLOOR | , | | | | | | | |
| TALLAHASSEI | E FL 32308 | | _ | City | | Z ip | o Code | |
| | ned entity submits this statem of registered agent. | nent for the purpose of cha | nging its registered | l office or registe | ered agent, or both, in the State of Florida. I | am familiar | with, and accept | |

| the obligat | tions of registered agent. | | |
|-------------|---|--|------|
| SIGNATURE | | | |
| 3 | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |

FILE NOW!!! FEE 15 \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|--|--|----------|---|--|----------|------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P THOMPSON, CHRISTOPHER L 8515 CONGRESSIONAL DRIVE TALLAHASSEE FL 32312 | ☐ 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 | سانچه اداری متوسیسی اداری از داد ۱۰۰۰ <u>وی در دی</u> در متحد است. | 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 |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: