2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 14, 2000 8:00 am Secretary of State DOCUMENT # P98000003689 HRH MARKETING, INC. 03-14-2000 90084 016 ***150.00 Mailing: Address Principal Place of Business 614 GRAND CENTRAL STREET 614 GRAND CENTRAL STREET CLEARWATER FL 33756-3410 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3490563 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NETZER: EVIN L ESQ Street Address (P.O. Box Number is Not Acceptable) ONE BARNETT PLAZA #3200 101 EAST KENNEDY BOULEVARD **TAMPA FL 33602** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. C.O. O. **P** Addition CE₀ ☐ Delete TITLE Davio J. Canarelli 614 Grand Central St. NAME RIZZO, BEN R NAME STREET ADDRESS STREET ADDRESS 614 GRAND CENTRAL STREET CLOGYWater, Fr 33756 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** V.P. Sales/MAYXETING ☐ De'ete TITLE Daniel A. DoSimonE HAPAROWICZ, ROBERT J NAME 514 Grand Contrac St. STREET ADDRESS STREET ADDRESS 614 GRAND CENTRAL STREET Clearwater For 33756 CITY-ST-7IP CITY-ST-ZIP **CLEARWATER FL 33756** ☐ Addition ☐ De'ete TITLE ☐ Change TITLE NAME HOBAN, W NICHOLAS NAME STREET ADDRESS 614 GRAND CENTRAL STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P CLEARWATER FL 33756 ☐ Addition Delete Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Celete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOF