FILED

Jun 27, 2003 8:00 am

Secretary of State

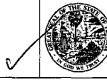
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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000032672 DOCUMENT

1. Entity Name

SUNRISE GLOBAL MARKETING, INC.



Principal Place of Business Mailing Address 1314 E. LAS OLAS BLVD. SUITE 24 1314 E. LAS OLAS BLVD. SUITE 24 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite ☐ CHECK HERE IF MAKING CHANGES City & State .City { Applied For 4. FEI Number 65-0839003 Not Applicable Calintry Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nam CILLIERS, DAPHNE L ceptable) 1314 E. LAS OLAS BLVD., SUITE 24 FORT LAUDERDALE FL 33301 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After: Hay 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Addition - Delete ☐ Change CILLIERS, CHRISTIAAN NAME NAME 1314 E. LAS OLAS BLVD., STE. 24 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP V/S Delete TiTLE TITLE ☐ Change ☐ Addition NAME CILLERS, DAPHNE NAME STREET ADDRESS 1314 E. LAS OLAS BLVD., STE. 247 STREET ADDRESS FORT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 attachmer

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP