FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

GRAYDON MARKETING INCORPORATED

DOCUMENT # \$98000040131

1. Entity Name

FILED Apr 03, 2002 8:00 am Secretary of State

04-03-2002 90037 043 ***150.00

DO NOT WRITE IN THIS SPACE B0053858 2. Principal Place of Business 3. Mailing Address 145_Lake Nancy Lane 145 Lake Nancy Lame Suite, Apt. #, etc. Suite, Apt. #, etc. , DO NOT WRITE IN THIS SPACE 130 City & State 4. FEI Number Applied For City & State West Palm Beach, Florida West Palm Beach, Florida 65-0832532 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Palm Beach 33411 Palm Beach 33411 Fee Required 7. Name and Address of Current Registered Agent BRIAN M. BERMAN
Street Address (P.O. Box Number is Not Acceptable) DO NOT WRITE 145 Lake Nancy Lane #130 IN THIS SPACE City Zip Code West Palm Beach 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 sgent and title it applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is a ligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees \sqcap (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE ח TITLE NAME BRIAN M. BERMAN NAME STREET ADDRESS STREET ADDRESS 145 Lake Nancy Lane #130 CITY-ST-ZIP CITY-ST-ZIP West Palm Beach, Florida 33411 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7IP CITY-ST-ZIP TITLE TIT! F IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

THE TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

∕Director

25/02 (954) 920-184

CR2E034B (12/01)