

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90209 025 \*\*\*158.75

**DOCUMENT # P98000054069**

1. Entity Name  
**AREA MARKETING ASSOCIATES, INC.**



Principal Place of Business  
**1450 BRICKELL BAY DRIVE  
SUITE 2003  
MIAMI FL 33131**

Mailing Address  
**1450 BRICKELL BAY DRIVE  
SUITE 2003  
MIAMI FL 33131**

**90025126**



2. Principal Place of Business  
**148 SEAGATE ROAD**

3. Mailing Address  
**P.O. BOX 937**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**PALM BEACH, FL.**

City & State  
**PALM BEACH, FL.**

4. FEI Number  
**65-0844654**

Applied For  
☐ Not Applicable

Zip  
**33480**

Country  
**PALM BEACH**

Zip  
**33480**

Country  
**PALM BEACH**

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PEREZ, JOAQUIN  
1450 BRICKELL BAY DRIVE  
SUITE 2003  
MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

Name  
**GARY R. LUMSDEN**

Street Address (P.O. Box Number is Not Acceptable)

**148 SEAGATE ROAD**

City  
**PALM BEACH**

FL

Zip Code  
**33480**

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 *Gary R. Lumsden*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/10/03**

**FILE NOW!!! FEE IS \$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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
LUMSDEN, GARY R  
1450 BRICKELL BAY DRIVE, SUITE 2003  
MIAMI FL 33131** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
PEREZ, JOAQUIN  
1450 BRICKELL BAY DRIVE, SUITE 2003  
MIAMI FL 33131** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P.O. BOX 937  
PALM BEACH, FL - 33480** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ERIC SHAW, % PAUL, HASTINGS  
75 EAST 55TH ST.  
NEW YORK, NY. 10017** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*GARY R. LUMSDEN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GARY R. LUMSDEN**

**2/10/03**

**1-917-770-4300**

Date

Daytime Phone #

CR2E034 (10/02)