FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 26, 1999 8:00 am Secretary of State **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 04-26-1999 90091 050 \*\*\*150.00 DIVISION OF CORPORATIONS 1999 DOCUMENT # P98000072154 1. Corporation Name NEWSLETTER MARKETING TOOLS & RESEARCH, INC. Mailing Address Principal Place of Business POST OFFICE BOX 15005 1642 RIGGING WAY FERNANDINA BEACH FL 32035-3101 FERNANDINA BEACH FL 32034 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/17/1998 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 15005 RO. Box Not Applicable \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required... 22 City & State \$5.00 May Be City & State Election Campaign Financing П Added to Fees Trust Fund Contribution temandino Country 8. This corporation owes the current year Intangible 2035-31d Personal Property Tax. 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LAWSON, WENDY BOEHM Street Address (P.O. Box Number is Not Acceptable) 1642 RIGGING WAY FERNANDINA BEACH FL 32034 83 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the office or registered agent, or both, in the State of Florida. Such change was authoriz agent. I am famillar with, and accept the obligations of, Section 607.0505, Florida St. hanging its registered tment as registered Signature, typed or printed name of registered agent and title if applicable CR2E034.(11/98) DIRECTORS IN 12 OFFICERS AND DIRECTORS Addition DELETE ← Change TITLE NAME LAWSON, WENDY BOEHM STREET ADDRESS 1642 RIGGING WAY and not yet of doing business?

Wendy Bohn Lawson FERNANDINA BEACH FL 32034 1.4 CIT CITY-ST-ZIP ☐ Addition DELETE 2.1777 TITLE 2.2 NAN NAME 2.3 STR STREET ADDRESS CITY-ST-ZIP 2.4 CITY Addition ☐ DELETE 3.1 TITLÉ TITLE NAME 3.2 NAMÈ 3.3 STREE STREET ADDRESS 3.4. CITY-5 CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 4. CITY-ST-ZIP CITY+ST-ZIP DELETE Change ☐ Addition NILE 5.2 NAME NAME STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 61 TITLE Change DELETE TITLE 6.2 NAME NAME STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: