FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 23, 2000 8:00 am Secretary of State DOCUMENT # **P98000074387** INNOVATION DEVELOPMENT MARKETING INTERNATIONAL C 05-23-2000 90208 049 ***150.00 Principal Place of Business Mailing Address 522 E. WASHINGTON ST. 522 E. WASHINGTON ST. 102352 ORLANDO FL 32801-1941 ORLANDO FL 32801 2. Principal Place of Business 115 Prince PL 3. Mailing Address us Prince DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State San Ford, Florida 59-3549364 Sanford Not Applicable Country US A \$8.75 Additional Zip 5. Certificate of Status Desired 32 Fee Required 771 US A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ERIC BODI N DRAVES-DONNA/L-ESQ Street Address (P.O. Box Number is Not Acceptable) 120 E. CONCORD ST. ORLANDO FL 38801 SAUFORD 8. The above named entity submits this statement for the purpose of changing its registered of the stered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Flection Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 66/6 ☐ Addition Change D/P TITI F ☐ Delete TITLE NAME BODIN, ERIC NAME STREET ADDRESS STREET ADDRESS 115 PRINCE PLACE CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32711 Addition ☐ Change Delete TITLE TITLE NAME **BODIN, CATHERINE** NAME STREET ADDRESS STREET ADDRESS 115 PRINCE PLACE CITY-ST-7IP CITY-ST-ZIP SANFORD FL 32771 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 addle er like empowered.

SIGNATURE: SIGNATURE AND THE S