00090574



I. BERNARD TROMBETTA CO., L.P.A.

ATTORNEY AT LAW

NORTH SOLON OFFICE PARK 30505 BAINBRIDGE ROAD, SUITE 190 P.O. BOX 391403 SOLON, OHIO 44139 PHONE (440) 349-2110 FAX (440) 349-0567

October 9, 2000

203427005--10/17/00--01024--003 *****35.00 *****35.00

Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: Marketing Management Solutions, Inc.

Gentlemen:

Enclosed herein please find Statement of Change in the name of the registered agent of Marketing Management Solutions, Inc. Also enclosed is the company's check in the amount of \$35.00 to cover the filing costs herein.

Thank you for your cooperation

ernard Prombetta

IBT:jp Enclosure

* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	he provisions of sections 6 ed corporation organized u		07.1508, or 617.1508, Florida ate of <u>Elorida</u>	Statutes,
	-	to change its register	ed office or registered agent, or	both, in
the State of Fl		whating Manageme	nt Solutions Inc	
1. The name of	of the corporation is: Ma	rketing Manageme	aic Solucions, inc.	
2. The mailing	g address of the corporation	is: 9140 Raver	na Road Unit 7. Twinsb	<u>urg, Ohi</u> o 4408
3. Date of inc	corporation/qualification:	10/23/98	Document number: P9800009	0574
4. The name a	and address of the current re	gistered agent and offi	ice:	
	Corporation Serv	ice Company		ا ما المعالم ا المعالم المعالم المعال
	1201 Hayes Stree	t		므
	Tallahasee, Flor	rida 32301		8 ₩
5. The name a	and address of the new regis	tered agent and office	(P. O. Box Not Acceptable)	8 器
	Brian Weisblat			VISIONE TARY 00 OCT 17
	929 Harbor View	North		ORPORA
	Hollywood, Flor			
The street adagent, as char	dress of its registered office nged, will be identical.	e and the street addres	s of the business office of its re	gistere G
Such change authorized by	was authorized by resolution the board.	on duly adopted by its	board of directors or by an offi	cer so
. Knull	und of an officer, chairman or vice of	Mans	9/1/00 (Date)	
` •	y Sipser Jenkin s, P		(1,00)	
	TENCINS (Printed or typed name and			
Having been corporation, I further agre performance registered ag	named as registered agent I hereby accept the appoin ee to comply with the provi of my duties, and I am fan		of process for the above stated gent and agree to act in this ca clative to the proper and compl the obligation of my position as	nacity. ete s
x (/)	run Wors	black	9/5/00	
W	(Signature of Registered Agent)		(Date)	
If signing on bo	chalf of an entity:			
 	(Typed or Printed Name)		(Capacity)	
	* * *	FILING FEE: \$35.0	0 * * *	
CRZE045(7/97)		D.O. D.W. (207	T W	
	DIVISION OF CORPORATIONS	P.O. Box 6327	Tallahasseb, FL 32314	