

FILED
Mar 14, 2000 8:00 am
Secretary of State

00038507



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000090849						Mar 14, 2000 8:00 am Secretary of State 03-14-2000 90017 044 ***150.00																	
1. Entity Name HLS MARKETING, INC.																							
Principal Place of Business 500 NE 50 TERRACE MIAMI FL 33137						Mailing Address 500 NE 50 TERRACE MIAMI FL 33137-3021																	
2. Principal Place of Business						3. Mailing Address																	
Suite, Apt. #, etc.						Suite, Apt. #, etc.																	
City & State						City & State																	
Zip		Country		Zip		Country		4. FEI Number 65-0874491 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable															
5. Certificate of Status Desired <input type="checkbox"/>								\$8.75 Additional Fee Required															
6. Name and Address of Current Registered Agent HLAS, THOMAS P 500 NE 50 TERRACE MIAMI FL 33137						7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City FL Zip Code _____																	
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable)</small> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE _____																							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>						FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State						10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees											
11. OFFICERS AND DIRECTORS												12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11											
TITLE		D <input type="checkbox"/> Delete										TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME		HLAS, THOMAS P										NAME											
STREET ADDRESS		500 NE 50 TERRACE										STREET ADDRESS											
CITY-ST-ZIP		MIAMI FL 33137										CITY-ST-ZIP											
TITLE		<input type="checkbox"/> Delete										TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition									
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STREET ADDRESS												STREET ADDRESS											
CITY-ST-ZIP												CITY-ST-ZIP											
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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 address, with all other like empowered.																							
SIGNATURE: Thomas P. Hlas												THOMAS P. HLAS 3/6/00 305-751-3678											
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>												<small>Date Daytime Phone #</small>											