2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 19, 2001 8:00 am DOCUMENT # P98000096511 Secretary of State 1. Entity Name MILLENNIUM MARKETING INCORPORATED 02-19-2001 90271 002 ***150.00 Principal Place of Business Mailing Address 1130 S POWERLINE RD 1130 S POWERLINE RD SUITE 105 SUITE 105 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0895242 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COLANGELO BRENDA - ROSSI COLANGEZO, JASON J Street Address (P.O. Box Number is Not Acceptable) 1130 S POWERLINE RD SUITE 105 **DEERFIELD BEACH FL 33442** Deerfield Beach 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. VICE PEGGIOENT ☐ Addition TITLE ☐ Delete TITLE NAME NAME COLANETC, DARREN STREET ADDRESS STREET ADDRESS 1130 S POWERLINE RD SUITE 105 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 Change ☐ Addition Delete TITLE TITLE COLANGELO, JASON NAME NAME STREET ADDRESS STREET ADDRESS 1130 S POWERLINE RD SUITE 105 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 Addition PRESIDENT ☐ Change TITLE ☐ Delete TITLE DAVID W. ROSSI NAME NAME 6471 Terra Rosa Cir. STREET ADDRESS STREET ADDRESS Boynton Beach, FL 33437 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITL F ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

CR2E034 (10/00

56/- 2/2-6025 Daytime Phone #