

2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2000 8:00 am Secretary of State

03-01-2000 90067 050 ***150.00

DOCUMENT # P99000016933

1. Entity Name
FORTUNE ADVERTISING & MARKETING ENTERPRISES INC.

Principal Place of Business 2501 IVES AVE. #4 ORLANDO FL 32806	Mailing Address 2501 IVES AVE. #4 ORLANDO FL 32806-4962
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2. Principal Place of Business 1700 E. Crystal Lk ave Suite, Apt. #, etc.	3. Mailing Address: 1700 E. Crystal Lk ave Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Orlando	City & State Orlando	4. FEI Number 57-356-1186	Applied For <input type="checkbox"/> Not Applicable
Zip 32806	Country ORANGE	Zip 32806	Country ORANGE
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARCH, ARIK 2501 IVES AVE. #4 ORLANDO FL 32806	7. Name and Address of New Registered Agent Name: Arik March Street Address (P.O. Box Number is Not Acceptable) 1700 E. Crystal Lk ave ORLANDO FL 32806 City: Orlando FL Zip Code: 32806
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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: *[Signature]* Arik March DATE: 2-23-2000

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: *[Signature]* DATE: 2-23-2000 DAYTIME PHONE: (407) 925-2244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)