

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018709

1. Entity Name

PHASE 4 MARKETING INC.

FILED

Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90028 001 ***150.00

08-29-2000 90028 002 ***400.00

Principal Place of Business 7000 ISLAND BOULEVARD-SUITE 908 AVENTURA FL 33160	Mailing Address 7000 ISLAND BOULEVARD-SUITE 908 AVENTURA FL 33160-2460
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DO NOT WRITE IN THIS SPACE

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 65-0904506	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAPIDUS, LLOYD 7000 ISLAND BOULEVARD-SUITE 908 AVENTURA FL 33160

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	DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: <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
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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
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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:	DATE: 9/9/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # 877 224 2761	

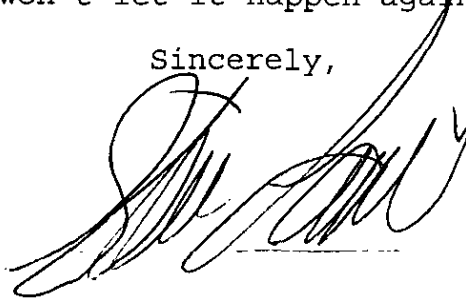
CR2E034 (9/99)

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Please accept my apology and this check for \$150.00 for our company. I know that I am filing the report after its due date, however I am asking you to waive any penalties because this is our first year in business and the first year we had to pay our filing fee. I didn't know about the due date until my accountant told me about it today. I would appreciate your overlooking my carelessness just this time. I won't let it happen again.

Sincerely,

A handwritten signature in black ink, appearing to be "J. M. Smith", written over a horizontal dashed line.