2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024191 1. Entity Name IMPACT MARKETING, INC.						Jan 14, 2002 8:00 am Secretary of State 01-14-2002 90006 032 ***150.00			
Principal Place of Business 2701 YACHT CLUB BLVD FT LAUDERDALE FL 33304		Mailing Address 2701 YACHT CLUB BLVD FT LAUDERDALE FL 33304							
		TI BRODERDALL TE WAS	•	÷					
2. Principal	Place of Business	3. Mailing Address				C CONTINUES THE TOTAL TOTAL BOTTL BOTTL BOTTL BOTTL BOTTL FIRET STREET TOTAL TOTAL			
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPACE			
City & State		City & State			4:	FEI Number 65-0911091		pplied For ot Applicable	
Zip Country		Zip Count		/	5.	5. Certificate of Status Desired See Required Fee Required			
	6. Name and Address of Current Re	gistered Agent	==		7:-	Name and Address of New Reg			
SMITH, DOUGLAS C 2701 YACHT CLUB BLVD				Name Street Address (P.O. Box Number is Not Acceptable)					
	ERDALE FL 33304						.,		
•				City			FL Zip Cod	le	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered gent and title if applicable.) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable. (NOTE: Registered agent and title if applicable.)				\$150.00	0.00	einstating) 10. Election Campaign Financ Trust Fund Contribution.	+	00 May Be	
11.	OFFICERS AND DI	.l	12.			T DDITIONS/CHANGES TO OFFICE	BS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, DOUGLAS C 2701 YACHT CLUB BLVD FORT LAUDERDALE FL 33304	☐ Delete	, TITLE NAME	ADDRESS .			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	ADDRESS - ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET, CITY-ST	ADDRESS - ZIP			☐ Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET / CITY-ST				☐ Change	☐ Addition	
ITLE IAME ITREET AODRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST				☐ Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		□ Delete	TITLE NAME STREET A				☐ Change	Addition	
3. I hereby of indicated of the corphanged,	certify that the information supplied with this on this report or suppliemental report is tru poration or the receiver or trustee empowe or on an attachment with all address, with	s filing does not qualify for t e and accurate and that my red to execute this report a all other like empowered:	the exemp y signature s required	tion stated shall have by Chapte	in Section 1 e the same le er 607, Floric	119.07(3)(i), Florida Statutes. I fun egal effect as if made under oath da Statutes; and that my name ap	her certify that the in that I am an officer pears in Block 11 or	formation or director Block 12 if	

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

01/07/02 954-568-1993