

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91203 002 \*\*\*150.00

DOCUMENT # P99000025102  
1. Entity Name  
**MMK MARKETING, INC.**

**DO NOT WRITE IN THIS SPACE**

**80124349**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3751 S. School Ave</b> Suite, Apt. #, etc. <b>30</b> City & State <b>SARASOTA FL</b>		3. Mailing Address <b>3751 S. School Ave</b> Suite, Apt. #, etc. <b>30</b> City & State <b>SARASOTA FL</b>		4. FEI Number <b>59-3660640</b>	Applied For Not Applicable
Zip <b>34239</b>	Country <b>USA</b>	Zip <b>34239</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>SHARON MYERS</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>2741 HOPE STREET</b>	
	City <b>SARASOTA</b>	FL Zip Code <b>34231</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--	--

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT SHARON MYERS 2741 HOPE STREET SARASOTA FL 34231</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT MARCEY MORGAN 3048 ROSE STREET SARASOTA FL 34239</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY DAN MORGAN 3751 S. School Ave # 30 SARASOTA FL 34239</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER DAN MORGAN 3751 S. School Ave # 30 SARASOTA FL 34239</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dan Morgan **DAN MORGAN** 5/13/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)