2000 UNIFORM BUSINESS REPORT (UBR)

May 01, 2000 08:00 AM DOCUMENT # P9900040341 1. Entity Name **Secretary of State** DREAM MARKETING, INC. Principal Place of Business Mailing Address 11637 E STEAMBOAT DRIVE 11637 E STEAMBOAT DRIVE FLORAL CITY FL FLORAL CITY FL 33436 33436 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3581315 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **EDWARDS** 11637 E STEAMBOAT DRIVE Street Address (P.O. Box Number is Not Acceptable) FLORAL CITY 33436 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. 05/01/2000 DAVE EDWARDS Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Detete ☐ Change X Addition NAME EDWARDS DEBRA STREET ADDRESS STREET ADDRESS 11637 E STEAMBOAT DR CITY-ST-ZIP CITY-ST-ZIP FLORAL CITY 34436 TITLE ☐ Delete TITLE X Change ☐ Addition NAME NAME EDWARDS DAVE EDWARDS DAVE STREET ADDRESS 11637 E STEAMBOAT DRIVE STREET ACCRESS 11637 E STEAMBOAT DRIVE CITY-ST-ZIF FLORAL CITY FLORAL CITY FL. 33436 CITY-ST-7IP FT. 33436 TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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.

FILED