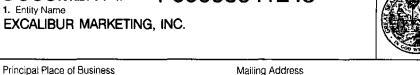
FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90517 029 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P99000041243 DOCUMENT #



Principal Place of Business % PARAMOUNT MARKETING 2900 GATEWAY DR. POMPANO BEACH FL 33069

% PARAMOUNT MARKETING 2900 GATEWAY DR. POMPANO BEACH FL 33069

2. Principal Place of Business	3. Mailing Address
550 FAIRWAY DR.	550 FAIRWAY DR.
Suite, Apt. #, etc. # /07.	Suite, Apt. #, etc.
City & State	City & State



☐ CHECK HERE IF MAKING CHANGES Applied For

4. FEI Number

City & State		·	City & State, —	ر ـــہ	_	4. 1	-El Number	65-092365	5	L A	pplied For		
		EACH, EL	DEERFIELD !	EACH	FZ			00-082300)Ü	No	ot Applicable		
Zip 334	141	Country USA	Zip 33441	Country ((A)	5. (Certificate of S	Status Desired		\$8.75 Add Fee Require			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
Name								· e					
SAMUELS, LEONARD K					Street Address (P.O. Box Number is Not Acceptable)								
BERGER SINGERMAN, P.A.					550 Fairway DR.								
350 EAST LAS OLAS BLVD., STE. 1000					#/07								
FORT LAUDERDALE FL 33301				7	CITY DEEP FICTO BEACH FL ZIP COOLS YYI								
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. I am familiar with, and accept the obligations of registered agent.													
Danie of Dankin heist 4:24:02													
SIGNATURE TEMPENT ST PANCIA GUET 4-24-03													
Signature, typed of prilled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
Fi	ILE NOW(LEEE IS \$150.00					9 Etectio	n Campaign f	inencing	¢ ፍ ብ	0 May Be		
		3 Fee will be \$550.00						und Contribut			to Fees		
Make Check	Payable to	Florida Department of	<u>t</u>										
10.		OFFICERS AND	DIRECTORS	11,		AD	DITIONS/CH	ANGES TO OF	FICERS AN		S IN 11		
TITLE	D		Delete	TITLE						Change	Addition		
NAME	GELET, P.			NAME									
STREET ADDRESS		EWAY DRIVE		STREET A		550 FA							
CITY-ST-ZIP	POMPANO	D BEACH FL 33069		CITY-ST-	·ZIP 1	DEERFIE	~0. Bea	En 2	3441				
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: