FILED Apr 14, 2003 8:00 am Secretary of State

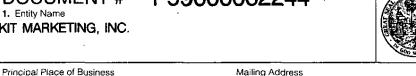
04-14-2003 90078 046 ***150.00

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

DOCUMENT #

P99000062244

KIT MARKETING, INC.



4600 W CYPRESS ST. SUITE 500 4600 W CYPRESS ST. SUITE 500 TAMPA FL 33607 TAMPA FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip



☐ CHECK HERE IF MAKING CHANGES

5. Certificate of Status Desired		\$8.75 Additional Fee Required	
7. Name and Address of New Re	gistere	d Agent	_
•			
(P.O. Box Number is Not Acceptable)			
		100	

LOPEZ, AL R JR 4600 W CYPRESS ST. SUITE 500 **TAMPA FL 33607**

6. Name and Address of Current Registered Agent

Country

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.

Country

Name

City

Street Address

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

Zip

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

59-3587155

4. FEI Number

\$5.00 May Be Added to Fees

Zip Code

Applied For

Not Applicable

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition NAME Hudson, Keneth Wür NAME 1049 AXLEWOOD CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME HUDSON, PHYLLIS J NAME STREET ADDRESS 1049 AXLEWOOD CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33611 TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 empower

SIGNATURE: