DOCUMENT # P9900063743

1. Entity Name

DIRECT EFFECTS MARKETING USA, INC

FILED May 30, 2000 8:00 am Secretary of State

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 Principal Place	of Business	Mailing A	ddress			7	05-02-2000 9	J045 0:	Z/ ***.	150.00	
			GULF BLVD., STE. 102 AN ROCKS BEACH FL 33785-2758								
Principal Place of Business Style As Agous Suite, Apt. #, etc.		SAM	3. Mailing Address Soite Apt. #. etc.			_	DO NOT WRITE IN THIS SPACE				
Suite, Apt. #	ł, etc.	Suite, A	pi. #, etc.				DO NOT WRITE IN TI	HIS SPAC	٤ /		
City & State	-	City & 5	City & State			4. F	El Number			lied For Applicable	
Zip	Country	Zip		Count	lry	5. 0	Certificate of Status Desired -	\$8. Fee	75 Addit Required	tional	
	6. Name and Address of Current	t Registered	Agent			7. N	lame and Address of New Register	ed Agen	t		
					Name						
STURTRIDGE, LESTER 900 GULF BLVD., STE. 102					Street Address (P.O. Box Number is Not Acceptable)						
AJONJ	IN ROCKS BEACH FL 33785										
					City			FL	Zip Code		
The shove	named entity submits this statement f	for the purposi	e of changing its	registere	d office or regis	tered at	ent, or both, in the State of Florida.				
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SIGNATURE S	Juste Studen	in _				_	4/23/00				
	Signature typed or printed name of registered agen	Mand title if applica	bie. (NOT	E Registere	d Agent signature requ	lired when re	enstating) O	ATE .			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so.				000 Fee	will be \$550.0		10. Election Campaign Financing Trust Fund Contribution.	, _□		May Be to Fees	
11.	OFFICERS AND		·	12.) DDITIONS/CHANGES TO OFFICERS	AND DIF	ECTORS	N 11	
TITLE	PRESIDENT		☐ Delete	TITL	ε				Change	Addition	
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indicated on this report or supplies with this limit does not quality for the exemption stated in Section 1.8.07(3)(i), Fronda Statutes. 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.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #