

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064663

1. Entity Name

KMD DESIGN AND MARKETING GROUP INCORPORATED

Principal Place of Business
1750 A1A SOUTH, STE. B
ST. AUGUSTINE FL 32084

Mailing Address
1750 A1A SOUTH, STE. B
ST. AUGUSTINE FL 32084-5519

2. Principal Place of Business
6303 WALSH CT
Suite, Apt. #, etc.

3. Mailing Address
6303 WALSH CT
Suite, Apt. #, etc.

City & State
TAMPA, FL
Zip 33625 Country USA

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TAMPA, FL
Zip 33625 Country USA

4. FEI Number
59-3597407
Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONNER, ROBIN H ESQ.
BEDSOLE & CONNER, 1750 A1A SOUTH, STE.B
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name MARK DRAYNE
Street Address (P.O. Box Number is Not Acceptable)
6303 WALSH COURT

City TAMPA, FL Zip Code 33625

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME DRAYNE, MARK
STREET ADDRESS 6303 WALSH COURT
CITY-ST-ZIP TAMPA FL 33625-5624

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Change Addition

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.

SIGNATURE

MARK DRAYNE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00 813/960-0851

Date

Daytime Phone #

CR2E034 (9/99)