2004 FOR PROFIT CORPORATION

May 07, 2004 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P99000083739** 05-07-2004 90116 049 ***150.00 1. Entity Name GLACIER MARKETING INTERNATIONAL, INC. Mailing Address Principal Place of Business 24072602 5100 N. FEDERAL HWY., STE. 409 5100 N. FEDERAL HWY., STE, 409 FT. LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33308 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04282004 Cha-F Applied For City & State 4. FEI Number City & State 65-0950332 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEGEL, LARRY LEGEL, LARRY Street Address (P.O. Box Number is Not Acceptable) 5100 N. FEDERAL HWY., STE. 409 800 W. CYPRESS CREEK RD. FT. LAUDERDALE, FL 33308 FORT LAUDERDALE Zip Code 33309 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. SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ת Addition TITLE Delete TITLE NAME LEGEL, LARRY NAME. LEGEL, LARRY 800 W. CYPRESS CREEK RD., #470 STREET ADDRESS 5100 N. FEDERAL HWY., STE. 409 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33308 CITY-ST-ZIP FORT LAUDERDALE, FL 33309 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 emowered 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.

CITY-ST-7IP

SIGNATURE:

FILED