

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P99000085784

1. Entity Name

TERRACOM MARKETING, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90004 035 \*\*\*150.00

Principal Place of Business  
7000 S.W. 8TH ST.  
PLANTATION FL 33317

Mailing Address  
7000 S.W. 8TH ST.  
PLANTATION FL 33317-4228

2. Principal Place of Business  
**FLORIDA**

3. Mailing Address  
**7000 S.W. 8TH ST.**

City & State  
**PLANTATION**

City & State  
**PLANTATION**

4. FEI Number  
**650965510**

Applied For:  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**ESTIME, GILBERT**  
**17454 S.W. 79 CT.**  
**MIAMI FL 33157**

7. Name and Address of New Registered Agent  
Name  
**FRANK LIPSCOMB**  
Street Address (P.O. Box Number is Not Acceptable)  
**7000 SOUTH WEST 8TH ST.**  
City  
**PLANTATION** FL Zip Code  
**33317**

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 **FRANK LIPSCOMB** *Frank Lipscomb* **2-9-00**  
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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>MAJERNIK, MARK</b>	<b>1722 DIAMOND ST.</b>	<b>SAN DIEGO CA 92109</b>				
	<b>YACHANIN, DEREK</b>	<b>7000 S.W. 8TH ST.</b>	<b>PLANTATION FL 33317</b>				

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 Majernik* **MARK MAJERNIK** **2-8-00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date **858-581-3501** Daytime Phone #