DÖCUMENT # P99000087385

1. Entity Name						
ABOUT TOWN	MARKETING INC.			00 JUN 21 AM 10: 34		
SUITE 5A		Mailing Address  806 VERONA STREET SUITE 5A KISSIMMEE FL 34741-5449		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number Applied For S9 3601616 Not Applicable		
Zip	Country	Zíp	Country	5. Certificate of Status Desired Sa.75 Additional Fee Required		
.· · 6, I	Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent		
		· · · · · · · · · · · · · · · · · · ·	Name			
5845 S. OI	SPERANZA RANGE BLOSSOM TRAIL		Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
DAVENPOR	RT FL 33837		City	FL Zip Code		
8. The above named	d entity submits this statement for	the purpose of changing its	registered office or r	or registered agent, or both, in the State of Florida.		
	_					
SIGNATURE Signature	2000 Down 2000 a typed or printed nated of registered agent an	d title if applicable. (NOTE	Prantal Registered Agent signature	A DOWET 6-21-00  Attree 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 Sta		550.00 Trust Fund Contribution.		
11.	OFFICERS AND D	I DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VIS	Pres N DOWER 145 S. Q. B. T WENDOIT FL.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>y</i> -	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	90003313255 — Addion -07/05/0001075013 ****635.00 *****150.00		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition		
	hat the information supplied with t	his filing does not qualify for		ated 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: Lechant Dowe & Of Romano	DOWED

We didn't receive any notice until

after the way (5) chaelline. We would only

if you could please waiter the recory

fine no our company can be a little name

legisch. To conjune concerned are AAA (MASSIMMI SOLUTION): 11

About Town MARKETING INC.

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Co. See.

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