2000	UNIFORM BUSI	NE	T (UBR)	AI	PPHOYED BY
DOCUMENT # P99080094775 1. Entity Name OURCEPTS SYNDICATE INC. OURCEPTS SYNDICATE INC.					
THE 610bal Marketing Concepts syndro					GY OF STATE SEE, FLORIDA
Principal Place of Business 631 Park Forestet Apopka, F1. 32703 Mailing Address 631 Park F2 Apopka, F			est ct 32703	MLLAHAS	SEE, FLORIDA
Principal Place of Business 3. Mailing Address					
631 Park ForEst Ct Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State Apopka, F1.		City & State Km, F1		4. FEI Number Applied For	Applied For Not Applicable \$8.75 Additional
Zip 327	03 Country	2032-703	Country	5. Certificate of Status Desired 7. Name and Address of New Regis	Fee Required
631 1	"6. Name and Address of Current R "1), JEffrey Park Farbst Ct. KA, F1. 32703	egistered Agent	Street Address (StEll, Jeffray P.O. Box Number is Not Acceptable) ark For Est Ct. pka	FL Zip 87703
8. The above named exhibits within statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. SIGNATURE Signature Application of the purpose of changing its registered office of registered agent, or both, in the State of Florida. NOTE: Registered office of registered agent, or both, in the State of Florida.					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After SEPTEMBER 13	! FEE IS \$550.00 , 2000 Min. will be \$75 e to Department of Sta	10	☐ Added to Fees
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 11 Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROSTELL JETTES+ C+ 631 AUR FORES+ C+ Apople A, F1. 3270	_	NAME STREET ADDRESS CITY-ST-ZIP	-11/07/0	561666 01121024
TITLE NAME	Hoper / 1 32.	☐ Delete	TITLE NAME		O. D. 本本本本15月1月日 □ Change □ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Chang Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
13. I hereby certify that the information supplied with this filling 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 revisional 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 THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #					

GMCS Inc.

October 26, 2000

Michelle Milligan Florida Dept. of State

Dear Mrs.Milligan:

Per our conversation today you will find my check and application for reinstatement of The Global Marketing Syndicate Inc. (Ref. P99000094775). As I stated in our talk, due to a moving situation I did not receive my UBR until September of this year (as noted by the date on the check). Please see the appropriate forms, and my check to reinstate this corporation.

If you have any question please call me at the following number 1888 916-0322.

Thanks for your assistance in this matter.

Sincerely,

Jeffrey L. Postell

President, GMCS Inc.