FILED

Apr 23, 2001 8:00 am Secretary of State

04-23-2001 90007 001 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109270

changed, or on an attache

SIGNATURE:

it with an address, with all other like empowered

ND TYPED OR PRINTED NAME OF SIGNING

DIRECT MARKETING CONSULTING PRODUCTS AND SERVICE

Principal Place of Business Mailing Address 5114 ENGLEWOOD LANE 5114 ENGLEWOOD LANE ZEPHRYHILLS FL 33541 ZEPHRYHILLS FL 33541 2. Principal Place of Business 3. Mailing Address 5132 EDDING 5132 Epping DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For APPLIED FOR CENHUANII ZEphyRhill 59-364 8320 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DORR, CLIFFORD W JR. Street Address (P.O. Box Number is Not Acceptable) 5114 ENGLEWOOD LANE 5132 Epping LANE ZEPHRYHILLS FL 33541 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See critería on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITI F ☐ Addition TITLE Delete NAME DORR, CLIFFORD W JR. NAME 5132 Epping LANE ZEOHYAHLUS FL 3 STREET ADDRESS STREET ADDRESS 5114 ENGLEWOOD LANE CITY-ST-ZIP CITY-ST-ZIP ZEPHRYHILLS FL 33541 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME BRASLOW, ALAN STREET ADDRESS STREET ADDRESS 6 BANNER RD CITY-ST-ZIP CITY-ST-ZIP CHERRY HILL NJ 08003 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

LIFFORD W. DORR M.