

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V00141**  
1. Corporation Name

**UNIQUE MARKETING GROUP, INC.**

Principal Place of Business  
8801 HOLLYWOOD BLVD STE 100  
HOLLYWOOD FL 33021

Mailing Address  
3801 HOLLYWOOD BLVD STE 100  
HOLLYWOOD FL 33021-6729

FILED  
97 SEP 23 AM 7:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

|                                |  |                            |  |                                                                                         |  |                                |  |
|--------------------------------|--|----------------------------|--|-----------------------------------------------------------------------------------------|--|--------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address        |  | 3. Date Incorporated or Qualified                                                       |  | 3a. Date of Last Report        |  |
| 21 7265 ESTAPONA CR.           |  | 26 7265 ESTAPONA CR.       |  | 12/12/1991                                                                              |  | 4/24/96                        |  |
| 22 Suite, Apt. #, etc. 101     |  | 27 Suite, Apt. #, etc. 101 |  | 4. FEI Number 59-3098145                                                                |  | Applied For                    |  |
| 23 Fern Park, FL               |  | 28 Fern Park, FL           |  | 5. Certificate of Status Desired                                                        |  | Not Applicable                 |  |
| 24 32730                       |  | 29 32730                   |  | 6. Election Campaign Financing Trust Fund Contribution                                  |  | \$8.75 Additional Fee Required |  |
| 25 US                          |  | 30 US                      |  | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  | \$5.00 May Be Added to Fees    |  |
|                                |  |                            |  | 8. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                  |  |                                |  |

9. Name and Address of Current Registered Agent

GOVE, ANDREW N  
3801 HOLLYWOOD BLVD STE 100  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name SCOT PETERSON  
82 Street Address (P.O. Box Number is Not Acceptable) 5714 PADGETT CR.  
83  
84 City ORLANDO FL 85 Zip Code 32809

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person named in the name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/22/97

| 12. OFFICERS AND DIRECTORS |                                 |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |  |  |
|----------------------------|---------------------------------|---------------------------------|--|-------------------------------------------------------|-------------------------------------------------------------------|--|--|
| TITLE                      | President                       | <input type="checkbox"/> DELETE |  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | Chris Peterson II               |                                 |  | 1.2 NAME                                              |                                                                   |  |  |
| STREET ADDRESS             | 3290 Woodhall Ct.               |                                 |  | 1.3 STREET ADDRESS                                    |                                                                   |  |  |
| CITY-STATE-ZIP             | Cresida, FL 32705               |                                 |  | 1.4 CITY-STATE-ZIP                                    |                                                                   |  |  |
| TITLE                      | Vice-President                  | <input type="checkbox"/> DELETE |  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | Scott Peterson                  |                                 |  | 2.2 NAME                                              |                                                                   |  |  |
| STREET ADDRESS             | 5714 Padgett Cr.                |                                 |  | 2.3 STREET ADDRESS                                    |                                                                   |  |  |
| CITY-STATE-ZIP             | Orlando, FL 32809               |                                 |  | 2.4 CITY-STATE-ZIP                                    |                                                                   |  |  |
| TITLE                      | Treasurer                       | <input type="checkbox"/> DELETE |  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | F. Khalilian                    |                                 |  | 3.2 NAME                                              |                                                                   |  |  |
| STREET ADDRESS             | PO Box 100935                   |                                 |  | 3.3 STREET ADDRESS                                    | 600002304126-- 6                                                  |  |  |
| CITY-STATE-ZIP             | Altamonte Springs, FL 32716 N/A |                                 |  | 3.4 CITY-STATE-ZIP                                    | -03/25/97--01127--005                                             |  |  |
| TITLE                      |                                 | <input type="checkbox"/> DELETE |  | 4.1 TITLE                                             | ****\$550.00 ****\$550.00                                         |  |  |
| NAME                       |                                 |                                 |  | 4.2 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| STREET ADDRESS             |                                 |                                 |  | 4.3 STREET ADDRESS                                    |                                                                   |  |  |
| CITY-STATE-ZIP             |                                 |                                 |  | 4.4 CITY-STATE-ZIP                                    |                                                                   |  |  |
| TITLE                      |                                 | <input type="checkbox"/> DELETE |  | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |                                 |                                 |  | 5.2 NAME                                              |                                                                   |  |  |
| STREET ADDRESS             |                                 |                                 |  | 5.3 STREET ADDRESS                                    |                                                                   |  |  |
| CITY-STATE-ZIP             |                                 |                                 |  | 5.4 CITY-STATE-ZIP                                    |                                                                   |  |  |
| TITLE                      |                                 | <input type="checkbox"/> DELETE |  | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |                                 |                                 |  | 6.2 NAME                                              |                                                                   |  |  |
| STREET ADDRESS             |                                 |                                 |  | 6.3 STREET ADDRESS                                    |                                                                   |  |  |
| CITY-STATE-ZIP             |                                 |                                 |  | 6.4 CITY-STATE-ZIP                                    |                                                                   |  |  |

14. Filing Fee

9/21/97 (457) 821-5200

CR2E034 (9/96)