2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # V 14606 Jun 07, 2000 8:00 am Secretary of State Target Marketing SERVICES, INC. 06-07-2000 90433 003 \*\*\*150.00 Principal Place of Business Mailing Address 5680 Nicklaus Lane MICTON, Fla 32570 3. Mailing Address 5680 Nicklaus L.N. 2. Principal Place of Business 5680 Nicklaus La Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State
M. Hon, Fla

Country 4. FEI Number Applied For Not Applicable Country \$8.75 Additional USA 5. 'Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Carlton Henderson, President Street Address (P.O. Box Number is Not Acceptable) 5680 Nicklaus Ln. Milton Fla 32590 Zip Code this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

CARLON Honderson 8. The above named president SIGNATURE . (NOTE: Registered Agent signature required when reinstating) DATE d or printed name of registered agent and title if applicable. FILE NOW!!!-FEE IS \$150.00 This corporation is eligible to satisfy its Intangible— 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete UUF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied win this fining 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. Carlton Hendeson President SIGNATURE: RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR