

DOCUMENT # **V46829**

1. Entity Name
MARKET IMPACT INC
3801 S. OCEAN DRIVE
SUITE 4-F
HOLLYWOOD, FL. 33019

Principal Place of Business
3801 S. OCEAN DRIVE
SUITE 4-F
HOLLYWOOD, FL. 33019

Mailing Address
3801 S. OCEAN DRIVE
SUITE 4-F
HOLLYWOOD, FL. 33019

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 AM 10:52

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number
65-0343715

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORY JAMES
3801 S. OCEAN DRIVE
SUITE 4-F
HOLLYWOOD, FL. 33019

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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: *Cory James*
Signature, typed or printed name of registered agent and title if applicable

Cory James
(NOTE: Registered Agent signature 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 State

10. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

200003454722--2
-11/07/00--01032--011
******615.00 ****615.00**

AR 11/6

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cory James*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **(954) 456-1052**
Daytime Phone #

CR2E034 (9/99)

MARKET IMPACT INC.

- Creative Direction
- Talent Services

- Script Consultation
- All Media

October 5, 2000
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Market Impact, Inc.

Document #V46829
F. E. I # 65-0343715
Incorporated 6/24/92

Dear Sir or Madam:

It has come to my attention as a result of checking your website (www.sunbiz.org) for procurement of some change-of-address forms that the above named corporation, of which I am president, has been assigned an inactive status.

Upon further review with my accountant, he has indicated that it appears that the last time my for-profit corporate annual report was filed was in 1996. This was when the corporation was domiciled at 9722 N.W. 28th Court, Coral Springs, Florida 33065.

In October of 1996, my corporate address changed to 3801 South Ocean Drive, Suite 4F in Hollywood, Florida 33019, a fact I conveyed to my then previous accountant with full intent that she would initiate the necessary paperwork to inform you as well as other taxing and regulatory agencies.

It appears that as a result of her taking ill (she suffered a mental breakdown and is still under treatment) no changes were instituted with the Division of Corporations of The Florida Department of State, as well as other agencies.

Although I acknowledge that it is the corporation's ultimate responsibility to keep abreast of its status and keep informed, the prior four years serve to prove that this was being fulfilled responsibly. Only after the illness of the accountant did I encounter difficulties with fiscal and regulatory compliance that obviously I am still trying to resolve.

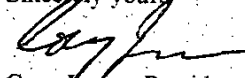
I am interested in reactivating the corporation status as I always had the intention to do so. However, being a very small company I fear that the fees may be so large that it may not be financially feasible.

It is for the above reasons that I would respectfully request your consideration in allowing my corporation to be reactivated without suffering the consequences of penalties, and that you consider a waiver of those penalties.

In conclusion, the company has remained an active entity, and all other fiscal and corporate responsibilities have been duly met.

Thank you for your consideration of my request in this very disconcerting matter.

Sincerely yours,


Cory James, President
Market Impact, Inc.