

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K69266

1. Entity Name

CLIMAX MARKETING GROUP, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90082 019 ***150.00

Principal Place of Business: 2784 NE 32 ST, LIGHTHOUSE POINT FL 33064
 Mailing Address: 2784 NE 32 ST, LIGHTHOUSE POINT FL 33064-8547



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | | | |
|----------------------------------|--------------------------|--------------------------------|--------------------------|
| 4. FEI Number | 65-0122501 | Applied For | <input type="checkbox"/> |
| | | Not Applicable | <input type="checkbox"/> |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required | |

| | | | |
|--|--|--|-------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SAVIO, PHILIP A. 2784 NE 32ND STREET LIGHTHOUSE POINT FL 33064 | | 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | | |
|---|---|---|-----------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|-----------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|---|
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAVIO, PHILIP | NAME | |
| STREET ADDRESS | 2784 NE 32ND ST | STREET ADDRESS | |
| CITY-ST-ZIP | LIGHTHOUSE POINT FL | CITY-ST-ZIP | |
| TITLE | VSTP V, T <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAVIO, PHILIP | NAME | |
| STREET ADDRESS | 2784 NE 32ND ST | STREET ADDRESS | |
| CITY-ST-ZIP | LIGHTHOUSE POINT FL | CITY-ST-ZIP | |
| TITLE | Secretary <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Lori Savio | NAME | |
| STREET ADDRESS | 2784 NE 32 ST | STREET ADDRESS | |
| CITY-ST-ZIP | Lighthouse Point, FL | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Philip Savio Pres 1/17/00 (954) 943-3738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)