FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 17, 2002 8:00 am Secretary of State K69266 DOCUMENT # 1. Entity Name 04-17-2002 90144 009 ***150.00 CLIMAX MARKETING GROUP, INC. Principal Place of Business Mailing Address 2784 NE 32 ST B0068342 2784 NE 32 ST LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0122501 Not Applicable Žip Country Zip Country \$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 Name SAVIO, PHILIP A. Street Address (P.O. Box Number is Not Acceptable) 2784 NE 32ND STREET LIGHTHOUSE POINT FL 33064 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition SAVIO. PHILIP NAME NAME STREET ADDRESS 2784 NE 32ND ST STREET ADDRESS LIGHTHOUSE POINT FL CITY-ST-ZIP CITY-ST-ZIP TITLE ۷T ☐ Delete TITLE Change Addition NAME SAVIO, PHILIP STREET ADDRESS 2784 NE 32ND ST STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT FL CITY-ST-ZIP TITI E TITLE ☐ Delete Change ☐ Addition NAME SAVIO, LORI NAME STREET ADDRESS 2784 NE 32 ST STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME 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 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.