

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000060876 1. Entity Name E5 MARKETING, INC.		
Principal Place of Business 200 73RD AVENUE NORTH #314 ST. PETERSBURG, FL 33702		Mailing Address 200 73RD AVENUE NORTH #314 ST. PETERSBURG, FL 33702
2. Principal Place of Business 750 N OCEAN BLVD Suite, Apt. #, etc. #1809		3. Mailing Address 750 N OCEAN BLVD Suite, Apt. #, etc. #1809
City & State POMPANO BEACH		City & State POMPANO BEACH
Zip 33062	Country USA	4. FEI Number 043681092
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BRAATELIEN, RICHARD B 200 73RD AVENUE NORTH #314 ST. PETERSBURG, FL 33702		7. Name and Address of New Registered Agent Name BRAATELIEN RICHARD B Street Address (P.O. Box Number is Not Acceptable) 750 N OCEAN BLVD #1809 City POMPANO BEACH FL Zip Code 33062
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Richard B. Braatelian</i> Richard B. Braatelian President 4/27/2003 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering) DATE</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRAATELIEN, RICHARD B 200 73RD AVENUE NORTH #314 ST. PETERSBURG, FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Richard B. Braatelian</i> Richard B. Braatelian 4/27/2003 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

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CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)