

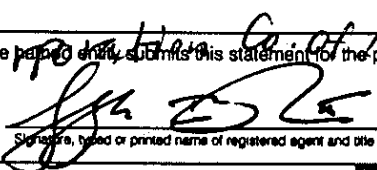
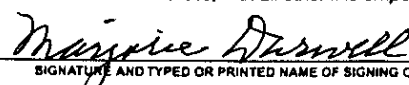
# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90670 001 \*\*\*750.00

4200

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> 331394				<b>1. Entity Name</b> MANAGEMENT SERVICES GOLF INC	
<b>Principal Place of Business</b> MANAGEMENT SERVICES GOLF INC 3801 Bayview Drive Fort Lauderdale, FL 33308 US		<b>Mailing Address</b> MANAGEMENT SERVICES GOLF INC 3801 Bayview Drive Fort Lauderdale, FL 33308 US			
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> c/o CFO, ACCOUNTING Suite, Apt. #, etc. 3801 Bayview Drive			
<b>City &amp; State</b>		<b>City &amp; State</b> Fort Lauderdale, FL		<b>4. FEI Number</b> 59-121310 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
		33308	USA		
<b>6. Name and Address of Current Registered Agent</b>  DARWELL, M. 3801 Bayview Drive Fort Lauderdale, FL 33308			<b>7. Name and Address of New Registered Agent</b> <b>Name</b> CORPORATION-COMPANY OF MIAMI <b>Street Address (P.O. Box Number is Not Acceptable)</b> 1600 Miami Center (GIP) 201 South Biscayne Boulevard <b>City</b> Miami <b>FL</b> <b>Zip Code</b> 33131-9767		
<b>8. The above prepared entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.</b>					
<b>SIGNATURE</b> 		<b>(NAME)</b> Registered Agent signature required when re-registering George I. Platt		<b>DATE</b> 4-30-01	
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>			<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD <input checked="" type="checkbox"/> Delete	<b>NAME</b> JONES, R T		<b>TITLE</b> S <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> DARWELL, M	
<b>STREET ADDRESS</b> 3801 Bayview Drive	<b>CITY-ST-ZIP</b> Ft. Lauderdale FL 33308		<b>STREET ADDRESS</b> 3801 Bayview Drive	<b>CITY-ST-ZIP</b> Fort Lauderdale FL 33308	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D <input checked="" type="checkbox"/> Delete	<b>NAME</b> MAITLAND, VIC		<b>TITLE</b> D/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> JONES, REES L.	
<b>STREET ADDRESS</b> 2870 E Oakland Park Blvd.	<b>CITY-ST-ZIP</b> Ft. Lauderdale FL 33316		<b>STREET ADDRESS</b> 55 South Park Street	<b>CITY-ST-ZIP</b> Montclair, NJ 07042	
<b>TITLE</b> VD <input type="checkbox"/> Delete	<b>NAME</b> JONES, R.T., JR.		<b>TITLE</b> D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> JONES, R.T., JR.	
<b>STREET ADDRESS</b> 705 Forest Avenue	<b>CITY-ST-ZIP</b> Palo Alto CA 94301		<b>STREET ADDRESS</b> 705 Forest Avenue	<b>CITY-ST-ZIP</b> Palo Alto CA 94301	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>		<b>TITLE</b> D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> CARR, WILLIAM T.	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b> 5 Woodland Avenue	<b>CITY-ST-ZIP</b> Bronxville, NY 10708	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>		<b>TITLE</b> D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> GOODWILLIE, EUGENE W.	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b> 1155 Avenue of the Americas	<b>CITY-ST-ZIP</b> New York, NY 10036	
<b>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.</b>					
<b>SIGNATURE:</b> 		<b>MARTORIE DARWELL</b>		<b>4-30-01</b> <b>954-561-1870</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

CR2E034 (1/00)