

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0147481 AB

DOCUMENT # **F92000000881**



1. Entity Name
MIPOD, INC.

FILED

03 AUG 13 - PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**302 SAUNDERS ROAD
SUITE 300
RIVERWOODS IL 60015**

Mailing Address
**302 SAUNDERS ROAD
SUITE 300
RIVERWOODS IL 60015**

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

3. Mailing Address
HOLLAND & KNIGHT LLP
Suite, Apt. #, etc.
701 BRICKELL AVE. #3000

CHECK HERE IF MAKING CHANGES **13**

City & State
MIAMI, FL

Zip Country
33131

4. FEI Number **36-3043154** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INTRASTATE REGISTERED AGENT CORP
701 BRICKELL AVE
STE 3000
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PODOLSKY, MILTON 302 SAUNDERS ROAD RIVERWOODS IL 60015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PODOLSKY, RANDY D 302 SAUNDERS ROAD RIVERWOODS IL 60015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PODOLSKY, STEVEN 302 SAUNDERS ROAD RIVERWOODS IL 60015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PODOLSKY, BONNIE L 302 SAUNDERS ROAD RIVERWOODS IL 60015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALL, DEBRA J 302 SAUNDERS ROAD RIVERWOODS IL 60015	<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 type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500022287295 08/13/03--01049--003 **550.00	<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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steven H. Podolsky* **STEVEN H. PODOLSKY, V.P.**

Date **7/30/03**

Daytime Phone #

CR2E034 (4/03)