2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003
Secretary of State

DOCUMENT# J31551

Entity Name: MASTER PACKAGING, INC.

Current Principal Place of Business:

P.O.BOX 13445 (33681)
6932 SOUTH MANHATTAN AVENUE
TAMPA, FL 336161829 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 13445 (33681)
6932 SOUTH MANHATTAN AVENUE
TAMPA, FL 336161829 US

New Mailing Address:

FEI Number: 59-2720836 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DINGLE, GREGORY D
6932 SOUTH MANHATTAN AVENUE
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

DINGLE, GREGORY D
6932 SOUTH MANHATTAN AVENUE
TAMPA, FL 33616 US

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: _____ 04/16/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CAO	( ) Delete
Name:	DINGLE, GREGORY D	
Address:	7507 RUSTIC DRIVE	
City-St-Zip:	TAMPA, FL 33634 US	
Title:	COO	( ) Delete
Name:	GOERING, GLEN	
Address:	6932 S MANHATTAN AVE	
City-St-Zip:	TAMPA, FL 33616 US	
Title:	CLO	( ) Delete
Name:	SUAREZ-SOLAR, EDUARDO	
Address:	5005 W LAUREL STREET SUITE 209	
City-St-Zip:	TAMPA, FL 33607 US	
Title:	V	( ) Delete
Name:	TURKEL, BRIAN	
Address:	6932 S MANHATTAN AVE	
City-St-Zip:	TAMPA, FL 33616 US	
Title:	V	( ) Delete
Name:	EDWARDS, JAMES D	
Address:	920 GOLF ISLAND DR	
City-St-Zip:	APOLLO BEACH, FL US	
Title:	V	( ) Delete
Name:	THOMPSON, JOHN	
Address:	8949 MAGNOLIA CHASE CIR	
City-St-Zip:	TAMPA, FL US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	CAO	(X) Change ( ) Addition
Name:	DINGLE, GREGORY D	
Address:	6610 MUCK POND RD	
City-St-Zip:	SEFFNER, FL 33584 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY D DINGLE CAO 04/16/2003
Electronic Signature of Signing Officer or Director — Date