A

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)								Apr 20, 2003 6.00 am					
DOCUMENT # L31232 1. Entity Name MUST, INC.							Secretary of State 04-28-2003 90269 033 ***158.75						
ATTN: CORPO	ce of Business ORATE ACCOU RCE PARKWAY FL 32955	Inting	Mailing Address ATTN: CORPORATE ACCOUNTING 375 COMMERCE PARKWAY, SUTIE 201 ROCKLEDGE FL 32955										
2. Principal F	Place of Busin	ess	3. Mailing Address						[] [] [] [] [] [] [] [] [] [] [] [] [] [IOI OLOI(EFE!)	aldik bibli di	B.T. B.T. B.D.	
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & Stat	te		City & State				4. FEI Number 59-3021944 Applied For Not Applicate						
Zip		Country	Zip	ry	5. Certificate of Status Desired \$8.75 Add Fee Required								
6. Name and Address of Current Registered Agent						- · ·	7. Nan	ne and Address	of New Regi	stered Age	ent		
Name N							onald J. Long						
BOS LANAN, MARK S 375 CONMERCE PKWY STE 201 ROOKLEDGE FL 32355					Street A	ddress (F 75	COBOX I	Number is Not Ac		y.			
HUBALEL	ļ												
		City ROCKLEBGE					FL	Zip Code	765				
	tions of registe	sald So	ng		···	-				a. I am fam 22-0	iliar with,		
	Signature, typed	or printed name of registered agent and	title applicable. (NOTE	: Registered	Agent signate	ne required	when reinsta	ting)		DATE			
. After	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of S	State					9. Election Cam Trust Fund Co	-	oing		May Be to Fees	
10.	**	OFFICERS AND D	RECTORS .	11.			ADDIT	TONS/CHANGES	TO OFFICE	RS AND DI	RECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	375 COM	N, MARK S MERCE PKWY STE 201 GE FL 32955	Delete	TITLE NAME STREE	T ADDRESS ST-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TEAGUE T 375 COM		Delete		T ADORESS ST-ZIP			,] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NALD J. MERCE PWKY STE 201 GE FL 32955	· · - Delete ·			PRE	31DE	NT(P)	-	Ē] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	- 1	T ADDRESS ST-ZIP	375	Com	J. FOLEY merce P GE, FL	кшү с 3295	STEQU	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP] Change	Addition	
TITLE - NAME STREET ADDRESS	F.	•	☐ Delete · ·	TITLE NAME STREE	T ADDRESS		4:5 .2		-] Change	☐ Addition	

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

Daytime Phone #