

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0655089

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # L32855

1. Corporation Name
MCF, INC.

Principal Place of Business
**3820 STATE STREET
 C/O MARY YUMIBE
 SANTA BARBARA CA 93105**

Mailing Address
**3820 STATE STREET
 C/O MARY YUMIBE
 SANTA BARBARA CA 93105**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and the date, place and (month) of registration of the change.

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DENAVARAEZ, DENNY	
STREET ADDRESS	6701 WEST SUNRISE BLVD	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE	CFOV	<input type="checkbox"/> DELETE
NAME	FETTER, TREVOR	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	SVSD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, SCOTT M	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MCMULLEN, TERENCE P	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	LUNDGREN, ALAN	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joel Bergenfeld	
STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVS	
STREET ADDRESS	Richard B. Silver	
CITY-ST-ZIP	3820 State Street	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS	
STREET ADDRESS	Caitlin M. Larsen	
CITY-ST-ZIP	3820 State Street	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/30/1989

4. FEI Number
65-0163453

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

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

8. This corporation owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Caitlin M. Larsen* Caitlin M. Larsen, Asst. Sec. 4/8/99 805/563-7075

CR2E034 (1/98)

JP
 4-19-99