

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90289 004 ****70.00

UBR451Z

DOCUMENT # **N93000004720**

1. Entity Name
M.U.G., INC.



Principal Place of Business
**3220 VAIL VIEW DRIVE
DAYTONA BEACH FL 32128**

Mailing Address
**3220 VAIL VIEW DRIVE
DAYTONA BEACH FL 32128**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3205967**

Applied For

Not Applicable

Zip **32128**

Country

Zip **32128**

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, JONI
3220 VAIL VIEW DRIVE
DAYTONA BEACH FL 32128**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code ~~32128~~

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 \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, JONI	
STREET ADDRESS	3220 VAIL VIEW DR	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LATZKO, ANDREA	
STREET ADDRESS	6226 CRAFTON STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19149	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, EDWARD	
STREET ADDRESS	7650 RAGLAN DR NE	
CITY-ST-ZIP	WARRAN OH	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GAZETTE, MARK	
STREET ADDRESS	28640 MANNING ROAD	
CITY-ST-ZIP	PUEBLO CO	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, GORDON	
STREET ADDRESS	2166 N 700 WEST	
CITY-ST-ZIP	OGDEN UT 84414	
TITLE	CD	<input type="checkbox"/> Delete
NAME	OWENS, BUDDY	
STREET ADDRESS	120 BEECHWOOD HILLS DRIVE	
CITY-ST-ZIP	RALEIGH NC 27603	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CIPRIANO, JOSEPH	
STREET ADDRESS	17651 SW 8th STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: Joni Brown **REQUIRED JONI BROWN 04/21/03 386-226-6507**

CR2E037 (10/02)

ATTACHMENT

NA3000004720

80090748

Please add the following Director:

D
Meyer, Greg
3800 Victory Parkway
Cincinnati, OH 45207