

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90028 015 ***150.00

DOCUMENT # P0000081349

1. Entity Name
MDN INVESTMENTS, INC.

Principal Place of Business Mailing Address
3811 W SLIGH AVE 3811 W SLIGH AVE
TAMPA FL 33614 TAMPA FL 33614

00011500



2. Principal Place of Business 3. Mailing Address
 Suite, Apt., #, etc. Suite, Apt., #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number **59-3667491** Applied For
 Zip Country Zip Country Not Applicable

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

6. Name and Address of Current Registered Agent

RILEY, STEVEN P
4805 W LAUREL ST, SUITE 230
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name **MIKE NOAH**
 Street Address (P.O. Box Number is Not Acceptable)
3811 W SLIGH AVE
 City **TAMPA** **FL** Zip Code **33614**

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.

SIGNATURE DATE **1/12/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P NOAH, MIKE STREET ADDRESS 3401 MCFARLAND RD CITY-ST-ZIP TAMPA FL 33618	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	VP NOAH, ANDREA STREET ADDRESS 3401 MCFARLAND RD CITY-ST-ZIP TAMPA FL 33618	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: DATE **1/12/02** (813) 886-4657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)