# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 06, 2005**
**Secretary of State**

DOCUMENT# P40306

**Entity Name:** MSTSD, INC.

**Current Principal Place of Business:**

1776 PEACHTREERD., NW
SUITE 180 NORTH TOWER
ATLANTA, GA 30309 US

**New Principal Place of Business:**

**Current Mailing Address:**

1776 PEACHTREE RD., NW
SUITE 180 NORTH TOWER
ATLANTA, GA 30309 US

**New Mailing Address:**

**FEI Number: 58-1822497** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete
Name: MOSELEY, W. GRANT, J, R.
Address: 910 OLD PARK CT.
City-St-Zip: ROSWELL, GA 30075

Title: VD ( ) Delete
Name: SWEAT, LARRY C., JR.,
Address: 3625 RIDGEWOOD RD., N. W.
City-St-Zip: ATLANTA, GA 30327

Title: TD ( ) Delete
Name: THOMPSON, H. DOUGLAS,
Address: 1156 OLDFIELD ROAD
City-St-Zip: DECATUR, GA 30030

Title: D ( ) Delete
Name: D'ARCONTE, PAUL
Address: 331 LAMONT DR.
City-St-Zip: DECATUR, GA 30030

Title: SD ( ) Delete
Name: WALN, DAVID G
Address: 3196 N WOOD VALLEY
City-St-Zip: ATLANTA, GA 30327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: H. DOUGLAS THOMPSON TD 04/06/2005

Electronic Signature of Signing Officer or Director — Date