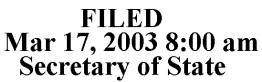
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



1. Entity Name MDS GROUP PUBLISHING, INC.							03-17-2003 90093 011 ***150.00
Principal Place of Business 800 BRICKELL AVE. SUITE 1100 MIAMI FL 33131			Mailing Address 800 BRICKELL AVE. SUITE 1100 MIAMI FL 33131			1 105 H 0 6 1 1 6 1 8 1 6 1 1 8 1 1 8 1 1 8 1 1 1 8 1 1 1 1	
Principal Place of Business 3. Mailing Address						_	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	☐ CHECK HERE IF MAKING CHANGES
City & State			City & State			4.	4. FEI Number 65-0893821 Applied For Not Applicable
Zip Country		ountry	Zip	Zip Counti		5.	5. Certificate of Status Desired See Required
	6. Name and	Address of Current R	egistered Agent	<u>'</u>		7.	7. Name and Address of New Registered Agent
CORPORATE ACCESS, INC.					Name	·- - p	1
236 E 6TH AVE					Street Address	(P.O.	D. Box Number is Not Acceptable)
TALLAHA	SSEE FL 32303	•	N	-	City		
8. The above named entity submits this statement for the purpose of changing its re					•	ered a	FL Zip Code
the obligat	ions of registered	ågent.	·	rogiotoro	s onloc or region	acu a	agent, or bout, in the state of Honda. Tail faililliar with, and accept
SIGNATURE.	Signature, typed or prin	ted name of registered agent and	d title if applicable. (NOTI	E: Registered	Agent signature require	d when	en reinstating) DATE
After		ee will be \$550.00 rida Department of S					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.		OFFICERS AND D	RECTORS	11.		A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jackson, ES 800 Brickell Miami Fl 331	AVE, SUITE 1100	☐ Delete	NAME STREET CITY-S	ADDRESS (☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PESATURO, P 800 BRICKELL MIAMI FL 331:	AVE, SUITE 1100	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		m4 € 8 ° € 15 mm - 1	Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS 1-ZIP	-	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the infor	mation cumplied with th	□ Delete	CITY-ST			Change Addition

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: