## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/31.

## FILED Sep 20, 2004 8:00 am Secretary of State

DOCUI 1, Entity Nam MDS AME	e	# F020000049 NC	931				08-31-	2004 90	0003 042	***550.0
Principal Place 729 S. FEDER	1.7	5	Mailing Address 729 S. FEDERAL HWY				664338	53		
STE 212 STUART, FL 34994			STE 212 Stuart, Fl. 34994							
2. Principal P	lace of Busin	1088	3. Mailing Address		<u>, , , , , , , , , , , , , , , , , , , </u>					
Suite, Apt.	#. etc.		Suite, Apt. #, etc.			08172004	Chg-P	CR2E0	34 (10/03)	
City & State	e		City & State			4. FEI Numb 38-359			1	Applicable
Zip		Country	Zip	Coun	itry	5. Certificate	of Status Desired		\$8.75 Addi Fee Required	
	5. Name	and Address of Current R	legistered Agent		Name	7. Name and	Address of New Re	gistered /	Agent	
1201 HAYS	SST	RVICES COMPANY			Street Address (	P.O. Box Numb	or is Not Acceptable	)		
TALLAHAS	55EE, FL	32301								
	1				City			FL	Zip Code	
	named entitions of regis	y submits this statement for tered agent.	the purpose of changing its	register	ed office or registe	red agent, or bo	th, in the State of Flor	rida. tavn 1	amiliar with,	and accept
SIGNATURE_		TOTAL	Blood	E Davidson	a handari		උළි	124	logi	
	<del></del>	i or piritod naqui ofregislared agent a	<del>- 1</del>		erupus substitute frequies			DATE	<del></del>	<del></del>
1		l FEE IS \$550.00 ptember 8, 2004	9. Election Campa Trust Fund Conf			.00 May Be led to Fees				
10.		OFFICERS AND D		11.		ADDITIONS	CHANGES TO OFFI	CERS AND		
TITLE NAME	PCEO KIRKPAT	RICK, HAROLD	☐ Dolete	TITL NAM	_				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		DERAL HWY STE 212 FL 34994			EET ADORESS (+S1+ZIP					ļ
TITLE	coo		☐ Delete	m	E			<u> </u>	Change	Addition
NAME` STREET ADORESS	BLOND, I 729-S. FE	PETER EDERAL HWY, STE 212	*	NAL. STRI	IE Eet address					
CITY-ST-ZIP	STUART,	FL 34994			(-SI-ZIP					
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STREET, ADDRESS		DERAL HWY STE 212 FL 34994	•		EET ADDRESS /-ST-ZIP					
TITLE	CB !	12 37007	☐ Delete	TITL				<del></del>	☐ Change	Addition
NAME STREET ADDRESS	ľ	H, SHEIKH ALI A EDERAL HWY STE 212		NAN STR	ie Eet adoress					
CITY-SI-ZIP	Į.	FL 34994			r-ST-ZIP		<u> </u>			
TITLE NAME	'n		☐ Delete	TITL	<b>I</b>				Change	Addition
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS /-ST-ZIP					
TITLE			☐ Delete	חת	E				Change	Addition
NAME STREET ADDRESS				NAA STR	AE FET ADDRESS					
CITY-ST-ZIP					7-S1-ZIP					
12. I hereby indicated of the co	certify that the fon this report reportation or t	ne information supplied with off or supplemental report is the receiver or trustee emport tachmen <u>t with</u> an address, v	this filling does not qualify to true and accurate and that wered to execute this repor	or the exe my signa I aw requ	emption stated in S ature shall have the rired by Chapter 60	ection 119.07(3) same legal effe 17, Florida Statut	(i), Florida Statutes, I ct as it made under d es; and that my name	further cer path; that I i a appears i	triy that the in am an officer n Block 10 or	or director Block 11 if
ł		actiment with an acoress, v	(O D			9	1/2/2/			!
SIGNAT	URE:	SIGNATURE AND TYPED OR P	RINGED HAME BY SIGNING OFFICER	OR DUREC	TOR		113/04		Jayrime Phone #	



# F02000004931 BRINGING WIRELESS

• Bringing Wireless **BROADBAND TO EARTH** 

July 39,2004

**Division of Corporations** P.O. Box 6327 Tallahassee, Fl. 32314

Florida Department of State,

The completed annual report/uniform business report form was not submitted due to filing on line. Enclosed is a completed print out of the form requested. Also the resubmitted check is enclosed. Sorry for any inconvenience

MDS America

Division of Corporations of

Receipt

66433853

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

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Tracking Number: 100038733521

The charge for your Annual Report is \$550.00

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\$550°°

-66433853

## Annual Report

Page 1

Document Number F02000004931 **Business Enlity Name** MDS AMERICA, INC.

F After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

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FEI Number Status	C Applied For C Not Applicable: @ Current					
Certificate of Status D	Desired C Yes 6 No					
<b>-</b>	or the cont					
ľ	Principal Place of Business					
Address	729 S. FEDERAL HWY					
Suite, Apt. #, etc.	STE 212					
City, State	STUART , FL					
Zip Code & Count	ry 34994					
	*					
	Mailing Address					
Address	729 S. FEDERAL HWY					
Suite, Apt. #, etc.	STE 212					
City, State	STUART , FL					
Zip Code & Count	iry 34994					
,						
Name A	And Address of Registered Agent					
Name (Last, First, Middle, Tit	le) , , , ,					
-or- RA Business Name	CORPORATION SERVICES COMPANY					
Address	1201 HAYS ST					
Suite, Apt. #, etc.						
City, State	TALLAHASSEE , FL					
Zip Code & Country	32301					

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an