

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90418 014 ***150.00

DOCUMENT # F97000000335

1. Entity Name

MACTIVE, INC.

Principal Place of Business

Mailing Address

751 NORTH DRIVE
 SUITE 1
 MELBOURNE FL 32934
 US

751 NORTH DRIVE
 SUITE 1
 MELBOURNE FL 32934-9289
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

410 N. Wickham Rd.

410 N. Wickham Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State
Melbourne, Florida

City & State
Melbourne, Florida

4. FEI Number **52-2006037**

Applied For

Not Applicable

Zip Country
32935-8668 U.S.

Zip Country
32935-8668 U.S.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROESSLER, SCOTT
410 N.W. WICKHAM ROAD-
STE 200
SATELLITE BEACH FL 32935-

Name

Street Address (P.O. Box Number is Not Acceptable)
410 N. Wickham Rd.

Suite 200

City
Melbourne,

FL

Zip Code
32935-8668

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 | D FAHLVIK, HANS-ANDERS STREET ADDRESS: GARNISONSGATAN 10, S-25466 CITY-ST-ZIP: HELSINGBORG, SWEDEN | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | DS HANNA, RAY L STREET ADDRESS: 1000 THOMAS JEFFERSON ST. NW, STE. 305 CITY-ST-ZIP: WASHINGTON. DC. 20007 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | D Roessler, Scott STREET ADDRESS: 410 N. Wickham Rd., Ste. 200 CITY-ST-ZIP: Melbourne, FL 32935 | <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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2000

Date

321-254-5559

Daytime Phone #

CR 014 00001