## FOR PROFIT CORPORATION

ATX1

UNIFORM BUSINESS REPORT (UBR)					Jan 31, 2004 00:00 AM		
DOCUMENT # F99000003463  1. Entity Name					Secretar	y of State	
han to the total total							
McJax Manager, Inc. DO N	OT WRIT	E IN THIS S	PA	GE.			
2. Principal Place of Business 3. Mailing Address					•		
One Office Park Circle, Suite 300 Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State Birmingham, AL		City & State		4. FEI Number 63-1229112	Applied For Not Applicable		
Zip 35223	Country	Zip	Co	untry	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	•				me and Address of Current Registered Agent		
					Name		
C T CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)			
	00 SOUTH PINE I					-	
PLANTATION FL 33324				City	FI	Zip Code	
8. The above name	d entity submits this	statement for the purpos	se of ch	anging its regis	stered office or registered agent,	_	
		d accept the obligations					
SIGNATURE				·	<u> </u>	- · · ·	
		of registered agent and title if a	pplicable	. (NOTE: Regist	tered Agent signature required when reinst	ating) DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS.	AND DIRECTORS	11.				
TITLE NAME	PSD MCDONALD, WILL	IAM W		LE ME	unicated:	72	
STREET ADDRESS	ONE OFFICE PAR	K CIRCLE, SUITE 300	\$1	REET ADDRES	s   02/02/04-800\$	S-005 150.00	
CITY-ST-ZIP	BIRMINGHAM, AL IVAS	35223		Y-ST-ZIP			
TITLE NAME	MCDONALD, WILL	JAM W JR	D 1 1 2 1 2 2 2	TE ME			
STREET ADDRESS		K CIRCLE, SUITE 300		REET ADDRES	•		
CITY-ST-ZIP TITLE	BIRMINGHAM, AL	35223		Y-ST-ZIP LE			
NAME			NA	ME			
STREET ADDRESS CITY-ST-ZIP				REET ADDRES! TY-ST-ZIP	DO NOT	WRITE	
TITLE			Tit	ï.E	IN THIS S		
NAME STREET ADDRESS			1 1 1 1 1 1 1 1 1	ME REET ADDRESS			
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CITY-ST-ZIP				Y-ST-ZIP			
TITLE NAME			TII	LE ME			
STREET ADDRESS			ST	REET ADDRESS	s .		
CITY-ST-ZIP 12. I hereby certify that	I the information supplie	ed with this filing does not a		Y-ST-ZIP r the exemption s	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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date