2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J45298

1. Entity Name

MKDD, INC.

Principal Place of Business

Mailing Address

14100 US HIGHWAY 19 SOUTH CLEARWATER FL 34624

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FILED Mar 19, 2001 8:00 am Secretary of State

03-19-2001 90023 038 ***150.00



NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
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S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent KING, MATTHEW B. 1340 BUCKINGHAM DRIVE CLEARWATER FL 33756 10. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida SIGNATURE Symuto, loosed or present need registers agent and this it approach SIGNATURE Symuto, loosed or present need registers agent and this it approach Signature and the state of Florida Signature and Address of New Registered Agent to the Agent the State of Florida Signature and Address of New Number is Not Acceptable) FL					4. FEI Number 59-27377	(21 		
Name Street Address P.O. Box Number is Not Acceptable	Zip	Country	Zip	Country	5. Certificate of Status Desire	nd □ \$ 0./ 3 A		
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Bo		6. Name and Address of Current F	legistered Agent		7. Name and Address of Ne	w Registered Agent		
1340 BUCKINGHAM DRIVE CLEARWATER FL 33756 City FL Zip Code City FL Zip Code 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 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME KING, MATHEW B. SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS				Name				
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 Signat	1340 BUCKINGHAM DRIVE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See circlerio on back) DFILE NOW!!! FEE IS \$150.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TRUE FUND (SITE FLORESS CITY-ST-2P) TITLE NAME SIRRET ADDRESS CITY-ST-2P STORE NAME SIRRET ADDRESS CITY-ST-2P SIRRET ADDRESS CITY-ST-2P TITLE NAME SIRRET ADDRESS CITY-ST-2P Delete TITLE NAME SIRRET ADDRESS CITY-ST-2P TITLE NAME SIRRET ADDRESS CITY-ST-2P Delete TITLE NAME SIRRET ADDRESS CITY-ST-2P TITLE NAME SIRRET ADDRESS CITY-ST-2P Delete TITLE NAME SIRRET ADDRESS CITY-ST-2P TITLE NAME SIRRET ADDRESS CITY-ST-2P Delete TITLE NAME SIRRET ADDRESS CITY-ST-2P TITLE NAME SIRRET ADDRESS CITY-ST-2P Delete TITLE NAME SIRRET ADDRESS CITY-ST-2P TITLE NAME SIRRET ADDRESS CITY-ST-2P Delete TITLE NAME SIRRET ADDRESS CITY-ST-2P TITLE NAME SIRRET ADDRESS CITY-ST-2P Delete TITLE NAME SIRRET ADDRESS CITY-ST-2P TITLE NAME SIRRET ADDRESS CITY-ST-2P Delete TITLE NAME SIRRET ADDRESS CITY-ST-2P TITLE NAME SIRRET ADDRESS CITY-ST-2P Delete TITLE NAME SIRRET ADDRESS CITY-ST-2P TITLE NAME SIRRET ADDRESS CITY-ST-2P Delete TITLE NAME SIRRET ADDRESS CITY-ST-2P TITLE NAME SIRRET ADDRESS CITY-ST-2P Delete TITLE NAME SIRRET ADDRESS CITY-ST-2P TITLE NAME SIRRET ADDRESS CITY-ST-2P Delete TITLE NAME SIRRET ADDRESS CITY-ST-2P TITLE NAME SIRRET ADDRESS CITY-ST-2P Delete TITLE NAME SIRRET ADDRESS CITY-ST-2P Delete TITLE NAME SIRRET ADDRESS CITY-ST-2P TITLE NAME SIRRET ADDRESS CITY-ST-2P Delete TITLE NAME SIRRET ADDRESS CITY-ST				City		FL Zip Co	ode	
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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 uppler ental 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		1	this filling dags not suplify for	r the exemption stated in	Section 119 07(3)(i) Florida Statut	tes. I further certify that th	e information	

changed, or on an attackment with an aggress, with all other like empowered.

Matthew B. King SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR