FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90188 017 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000016686

1. Entity Name
MGT SEAFOOD, LLC

Principal Place of Business	Mailing Address
16005 N. FLORIDA AVE. LUTZ, FL 33549	16005 N. FLORIDA AVE. LUTZ, FL 33549

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
16009 N. Florida Avenue	16009 N. Florida Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lutz, FL	City & State: Lutz, FL
Zip: 33549 / Country:	Zip: 33549 / Country:

4. FEI Number — ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JACOBSON, RICHARD A 601 E. KENNEDY BLVD., STE. 1700 TAMPA, FL 33602	Name: Street Address (P.O. Box Number is Not Acceptable): 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE: MGR NAME: Masaood, Humaid STREET ADDRESS: 16009 North Florida Avenue CITY-ST-ZIP: Lutz, FL 33549 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] RICHARD A. JACOBSON 4/17/03 813/222-1159
SIGNATURE AND TYPED OR PRINTED NAME OF ~~SIGNING MANAGING MEMBER/MANAGER~~ OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #