2007 FCR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L32855 1. Entity Name MCF, INC.					S	07 APR -3 PH 3:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address					, ,	TEMINOULE,	, · LUMDA	
13737 NOEL ROAD STE 100 DALLAS, TX 75240		13737 NOEL ROAD STE 100 DALLAS, TX 75240						
Driedle, IX 10210) 610(15) (16 5)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		61122007	Chg-P	CR2E034 (12/	06)	
City & State		City & State		4. FEI Numb 65-016			Applied For Not Applicable	
Zip	Country	Zip	Countr	ry	5. Certificate	of Status Desired	□ \$8.75 Fee Red	Additional uired
6. Name and Address of Current Reg		Registered Agent			7. Name and	Address of New R	egistered Agent	
				Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)				
			1					
				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 accepte obligations of registered agent.								vith, and accept
mo opinganono o registeres agent.								
SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE Registered Agent signature required when reinstating) DATE								
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					.00 May Be led to Fees			
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS,	! /CHANGES TO OFFI	ICERS AND DIRECT	ORS IN 11
TITLE	= 50.00		TITLE				☐ Char	ge Addition
NAME	·		NAME	1				_
STREET ADDRESS CITY-ST-ZIP	5000 W. OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33313		STREET CITY-S	T ADDRESS Stazip	50009638 1766 04/11/0701004013 **150.00			
TITLE	SD Delete		TITLE					
NAME	LARSEN, CAITLIN M	C_1 Delete	NAME				C) Cilia	ge [] Addition
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •		STREET	T ADDRESS				
CITY-ST-ZIP			CITY-S	ST-ZIP		***		
TITLE NAME	T SHERMAN, JEFFREY S	Defete	TITLE				Char	ge 🔲 Addition
STREET ADDRESS	13737 NOEL ROAD, SUITE 100		NAME STREE	T ADDRESS				
CITY-ST-ZIP	DALLAS, TX 75240		CITY-S					
TITLE			TITLE				☐ Char	ge 🗌 Addition
NAME			NAME					
STREET ADDRESS CITY+ST-ZIP			CITY-S	FADDRESS				
TITLE			TITLE)1-2(r			Chan	ge 🔲 Addition
NAME			NAME				L Cilai	ge [_] Addition
STREET ADDRESS			STREET	ADDRESS				
CITY-ST-ZIP			CITY-S	ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Chan	ge 🔲 Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS				ĺ
CITY-ST-ZIP			CITY-S					
42 I boroby o		Get a City of the control of the City of t						

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 occupation or the receiver or trustee empowered to execute this report as required by Chapter 202. Florida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an attach.

SIGNATURE: _ Kristina A. Mach

Kristina A. Mack, Asst. Sec. 3/28/07 -Phone 469-893-2701

F11 -1)