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2003 FOR PROFIT CORPORAT

1. Ently Name MC PERSONALIZATIONS, INC. O1-21-2003 90368 005 ***150.00 MC PERSONALIZATIONS, INC. O1-21-2003 90368 005 ***150.00 Principal Parce of Examines C/O 650682 SHERMAN P-0-5004 1565 EQUABASIVE BEACH PL 33358 EQUABASIVE BEACH PL 33358 Date: April 1, etc. Salis, April 1, e	UN	ILOKW ROZIN	E22	KEPUK	i (ARL	()	P	ւիւ Հւ	, 2003	0.0	u am
C/O GEORGE SHEMAN PAG-POM-MSK POM-SHEWN PAG-POM-MSK POM-SHEWN POM-SHEWN PAG-POM-MSK POM-SHEWN PAG-POM-SHEWN PAG-POM-SHEW	1. Entity Nar			Secretary of State							
Suite, Apt. #, etc. Suite, Ap	C/O GEORGE P.O. DOX 150	E SHERMAN 55-	C/O G - P.O. B	GEORGE SHERMAN	51	We US		11 1 1 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AY DODAN GYDAN DI	1811 61781 1881
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Country	ouite, Apt	. #, etc.		s, Δρι. « , etc.		10	۷	CHECK HER	RE IF MAKING	CHANGES	
S. Confilicate of Status Dealerd St. Confilicate of Status Dealerd Street Address of New Registered Agent Name	City & Sta	Jano Black, IX	Po	moone be	Joch, T.		4. FEI Numb	^{er} 59-299283	37	⊢ -∔∸	plied For ot Applicable
SHERMAN, GEORGE 2607 NW 17 LANE POMPANO BEACH FL 33064 City FL Zip Code 6. 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 at the obligations of registered agent. SIGNATURE FILE NOW!!: FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TILE NAME SIREET ADDRESS CITY-51-2P POMPANO BEACH FL ITILE DHERMAN, MARCIA SIREET ADDRESS CITY-51-7P TILE DEVICE OFFICERS AND DIRECTORS IN 1 TILE NAME SIREET ADDRESS CITY-51-7P TILE DEVICE OFFICERS AND DIRECTORS CITY-51-7P TILE NAME SIREET ADDRESS CITY-51-7P TILE DEVICE OFFICERS AND DIRECTORS CITY-51-7P TILE NAME SIREET ADDRESS CITY-51-7P NAME SIREET ADDRESS CITY-51-7P TILE NAME SIREET ADDRESS CITY-51-7P NAME SIREET ADDRESS CITY-51-7P NAME SIREET ADDRESS CITY-51-7P NAME SIREET ADDRESS CITY-51-7P NAME NAME SIREET ADDRESS CITY-51-7P NAME NAME SIREET ADDRESS CITY-51-7P NAME NAME NAME SIRET ADDRESS CITY-51-7P NAME NAME SIRET ADDRESS CITY-51-7P NAME	330°) 4	30	3064	Country		5. Certificate	of Status Desired			
2607 NW 17 LANE POMPANO BEACH FL 33084 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE FILE NOW!!! FEE is \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE SHERMAN, GEORGE SIRET ADDRESS 2607 NW 17TH LANE OTH-ST-ZIP FOMPANO BEACH FL Delete TITLE Delete TITLE Delete TITLE DELETE NOWESS SIRET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE DELETE NOWESS SIRET ADDRESS CITY-ST-ZIP TITLE DELETE NOWESS SIRET ADDRESS CITY-ST-ZIP TITLE DELETE NOWESS SIRET ADDRESS CITY-ST-ZIP TITLE Delete TITLE DELETE NOWESS SIRET ADDRESS CITY-ST-ZIP TITLE Delete TITLE DELETE NOWESS SIRET ADDRESS CITY-ST-ZIP TITLE DELETE NOWESS CITY-ST-ZIP TITL		6. Name and Address of Currer	nt Registere	d Agent	Name		7. Name and	Address of Nev	v Registered A	gent	
POMPANO BEACH FL 33064 City FL 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 at the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003		Street	Address (F	P.O. Box Numb	er is Not Accepta	ble)					
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 at the colligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and trin if applicable. (NOTE Registered Agent signature required when reinstating) DATE											
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SIGNATURE:

12. 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 by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CR2E034 (10/02)