2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000002392

Entity Name: MASALA, INC.

Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6318 BARRY DRIVE JACKSONVILLE, FL 32208 **Current Mailing Address: New Mailing Address:** 6318 BARRY DRIVE JACKSONVILLE, FL 32208 FEI Number: 01-0606164 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WRIGHT, MERLE O 6318 BARRY DRIVE JACKSONVILLE, FL 32208 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BRIGHTON, KARLIE BROWN, FLORIDA C Name: Name: 8214 PRINCETON SQUARE BLVD E. APT #1716 Address: 2529 SPRINGMONT STREET Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32207 Title: () Delete Title: () Change () Addition Name: MERRITT, JAMES Name: Address: 4634 HARBOR VIEW DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: Title: () Delete Title: (X) Change () Addition DAVENPORT, JOAN Name: GRISWOLD, VELMA Name: 11001 KEY CORAL DRIVE 10937 REGENCY DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: JACKSONVILLE, FL 32218 Title: () Delete Title: D/C () Change (X) Addition Name: Name: MELVIN, WRIGHT F Address: Address: 6318 BARRY DRIVE City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32208 Title: () Delete Title: () Change (X) Addition WRIGHT, SHARON Name: Name: 6640 LENCZYK DRIVE Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32277 Title: () Delete Title: () Change (X) Addition SIPLIN. LAMERLE Name: Name: Address: Address: 2433 LANTANA AVENUE JACKSONVILLE, FL 32209 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MERLE ODESSA WRIGHT CEO 04/30/2002

NOBLE LESTER - D/VP 3400 TOWNSEND BLBD - APT 281 JACKSONVILLE, FL 32277

SHARON CASPER - D 4296 CARROLL DRIVE JACKSONVILLE, FL 32209

KAREN MARTIN - D 1536 KINGFISHER LANE N. JACKSONVILLE, FL 32218