

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000004728

FILED
Jan 12, 2007
Secretary of State

Entity Name: MICHAEL CLAYTON GENERATION NEXT, INC.

Current Principal Place of Business:

14020 WATERVILLE CIR
TAMPA, FL 33626

New Principal Place of Business:

9920 TREE TOPS LAKE ROAD
TAMPA, FL 33626

Current Mailing Address:

14020 WATERVILLE CIR
TAMPA, FL 33626

New Mailing Address:

9920 TREE TOPS LAKE ROAD
TAMPA, FL 33626

FEI Number: 04-3815851 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DENBO, TAMMY B ESQ
RISSMAN, BARRET ETAL
1 NORTH DALE MABRY HWY, 11TH FL
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

DENBO, TAMMY B ESQ
RISSMAN, BARRETT ET AL
1 NORTH DALE MABRY HWY, 11TH FL
TAMPA, FL 33609 US

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: TAMMY B. DENBO

01/12/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLAYTON, MICHAEL
Address: 14020 WATERVILLE CIRCLE
City-St-Zip: TAMPA, FL 33626

Title: D () Delete
Name: WAHLERS, JASON
Address: C/O TAMPA BAY BUCCANEERS, ONE BUC PLACE
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: SZUBKA, TOM
Address: C/O TAMPA BAY BUCCANEERS, ONE BUC PLACE
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: PATTY, SHIRLEY
Address: 825 NORTH CAROLLTON AVE.
City-St-Zip: BATON ROUGE, LA 70806

Title: D () Delete
Name: MCCOLLISTER, ROLFE
Address: PO BOX 1949
City-St-Zip: BATON ROUGE, LA 70821

Title: D () Delete
Name: MOORE, ART
Address: 11716 VILLA AVENUE
City-St-Zip: BATON ROUGE, LA 70810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CLAYTON, MICHAEL
Address: 9920 TREE TOPS LAKE ROAD
City-St-Zip: TAMPA, FL 33626

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MICHAEL CLAYTON

D

01/12/2007

Electronic Signature of Signing Officer or Director

Date