


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90200 032 \*\*\*\*70.00

|                                |  |   |
|--------------------------------|--|---|
| <b>DOCUMENT # N93000004720</b> |  |  |
| 1. Entity Name<br>M.U.G., INC. |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>3220 VAIL VIEW DRIVE<br>DAYTONA BEACH, FL 32128 | Mailing Address<br>3220 VAIL VIEW DRIVE<br>DAYTONA BEACH, FL 32128 |
|--|--|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|  |  |
|--|--|
| City & State<br><b>PORT ORANGE, FL</b> | City & State<br><b>PORT ORANGE, FL</b> |
|--|--|

|                     |         |                     |         |
|---------------------|---------|---------------------|---------|
| Zip<br><b>32128</b> | Country | Zip<br><b>32128</b> | Country |
|---------------------|---------|---------------------|---------|

**94062869**



04192004 Chg-NP CR2E037 (10/03)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>59-3205967 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|  |                                |
|--|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|--------------------------------|

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent  |  |
| BROWN, JONI<br>3220 VAIL VIEW DRIVE<br>DAYTONA BEACH, FL 32128<br><b>PORT ORANGE, FL 32128</b> |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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

|   |   |  |
|---|---|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
|---|---|--|

|  |  |   |   |
|--|--|---|---|
| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | T<br>BROWN, JONI<br>3220 VAIL VIEW DR<br>DAYTONA BCH, FL <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | T, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>LATZKO, ANDREA<br>6226 CRAFTON STREET<br>PHILADELPHIA, PA 19149 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | V, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>JOHNSON, EDWARD<br>7650 RAGLAN DR NE<br>WARRAN, OH <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | CD<br>CIPRIANO, JOSEPH<br>17651 SW 8TH STREET<br>PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>HILL, GORDON<br>2166 N 700 WEST<br>OGDEN, UT 84414 <input checked="" type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | D<br>MEYER, GREG<br>3800 VICTORY PARKWAY<br>CINCINNATI, OH 45207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>OWENS, BUDDY<br>120 BEECHWOOD HILLS DRIVE<br>RALEIGH, NC 27603 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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 to execute this report as required by Chapter 617, 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.

SIGNATURE: Joni Brown JONI BROWN 4/19/04 386-226-6507  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #