DOCUMENT # P0000007491 1. Entity Name MRH CORPORATION						FILED Feb 12, 2001 8:00 am Secretary of State 02-12-2001 90226 044 ***150.00				
i ·	ce of Business DOD BLVD STE 425-\$ FL 33021	Mailing Address 4000 HOLLYWOOD BLVD HOLLYWOOD FL 33021	4000 HOLLYWOOD BLVD STE 425-S) a (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRI	TE IN THIS SPACE			
City & State		City & State	City & State			FEI Number 1017687	A	pplied For		
Zip	Country Zip		Coun	Country		Certificate of Status Desired	\$8.75 Ad	ditional		
, en	6. Name and Address of Curre	ent Registered Agent		Name	~ · 7. I	Name and Address of New F	egistered Agent			
HIGGINS, RICHARD L 4000 HOLLYWOOD BLVD STE 425-S					ess (P.O. E	(P.O. Box Number is Not Acceptable)				
HOL	LYWOOD FL 33021			City			⊏ ∎ Zip Coo	10		
9 The above	e named entity submits this statemen	t for the purpose of charging it.								
SIGNATURE	Aichard J. Hyd. Signature, typed or printed name of registered to	gins		d Agent signature rec			1-8-2001 DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2001 Make Check Payable			001 Fee	will be \$550.	State	10. Election Campaign Fin Trust Fund Contribution	n. 🗆 Adde	00 May Be d to Fees	ĺ	
TITLE	PRESIDENT, SEC, TRE	ND DIRECTORS Delete	12.		AD	DITIONS/CHANGES TO OFF			6	
	RICHARD L. HIGGINS 4000 HOLLYWOOD BLY HOLLYWOOD, FL 3	D, STE 425-5					☐ Change	☐ Addition 3	E034 (10/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		j			☐ Change	☐ Addition	CR2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	्र केटल । जन्म प्रमाणकार प्रदेश केटला । स्थापन	Delete	TITLE NAME STREE	<u> 75 s-</u>		There is a second of the secon	☐ Chánge	Addition	. سو	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.0.	☐ Delete					Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE				☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE				☐ Change	☐ Addition		
of the corporated of the corporated,	certify that the information supplied we on this report or supplemental report poration or the receiver or trustee enterior or an attachment with an address.	t is true and accurate and that r spowered to execute this report	ny signati as requir	ire shali have t	he came la	egal effect as if made under o da Statutes; and that my name	ath: that I am an officer	or director		
SIGNAT	URE: SIGNATURE AND TYPED O	R PRINTED HAME OF SIGNING OFFICER	OR DIRECTO	OR .		J-8-3001	Daytime Phone #			