2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR P00000014013 DOCUMENT # 1. Entity Name MASTERREAD, INC.

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90282 030 ***150.00

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Principal Place of Busin		Mailing Address 1511 EAST COMMERCIAL BI	LVD.	7			
PMB #122		PMB #122					
FORT LAUDERDALE FL 33334-5717		FORT LAUDERDALE FL 33334-5717		1 1 10 11 0 0 11 12 0 0 11 11 0 0 11 11	EL ATERI BANK TAKAN KITIK B		1 766 4111 1 66 1
2. Principal Place of Business		3. Mailing Address				1011 9319 1 11	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-09830		No	plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desire	ed — \$8. Fee	75 Addi Required	itional
6. Name and Address of Current Registered Agent				7. Name and Address of Ne	w Registered Agen	nt	
			Name				.
WALKER, CAROLINE C			Street Address	(P.O. Box Number is Not Accepta	ahle)		———
6423-4 BAY CLUB DR.			Oli Got Addi Got	(1.O. Box Hambol to Hat Accopti		_	
FORT LAUDERDAL	E FL 33308						
			City		FL	Zip Code	
8. The above named er	tity submits this statement for t	he purpose of changing its re	gistered office or regist	ered agent, or both, in the State o	f Florida. I am famili	iar with, a	and accept
the obligations of reg	istered agent.			•			
SIGNATURE							
Signature, typ	ed or printed name of registered agent and	1 title if applicable. (NOTE: R	legistered Agent signature requir	red when reinstating)	DATE		
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FILE NOV	/!!! FEE IS \$150.00	. 1		1			_ 1
	/!!! FEE IS \$150.00	[9. Election Campaign			May Be
After May 1, 2				9. Election Campaigr Trust Fund Contrib			May Be to Fees
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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 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP