2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

38

6/2/2003-90202-038-$550.00-$550.00

FILED

03 JUN 11 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000020716

1. Entity Name
MGC GIFT, INC.

FLSUB-38, INC

Principal Place of Business	Mailing Address
1024 US 27 SOUTH AVON PARK FL 33825	1024 US 27 SOUTH AVON PARK FL 33825

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5260 Parkway Plaza	PO Box 241448
Suite, Apt. #, etc.: Suite 140	Suite, Apt. #, etc.
City & State: Charlotte NC	City & State: Charlotte NC
Zip: 28217 Country: USA	Zip: 28224-1448 Country: USA

4. FEI Number 65-0985967 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COWAN, MICHAEL G 901 US 27 NORTH SUITE 7 SEBRING FL 33870	Name: Corporation Service Co Street Address (P.O. Box Number is Not Acceptable): 1201 Hays St. City: Tallahassee FL Zip Code: 32301

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: Cynthia L. Harris — Cynthia L. Harris as its agent — 6/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COWAN, MICHAEL G 901 US 27 NORTH #7 SEBRING FL 33870	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President David C. Bell PO Box 241448 Charlotte NC 28224-1448	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Michael Willson PO Box 241448 Charlotte NC 28224-1448	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary / Director Robert M. Fatsch PO Box 241448 Charlotte, NC 28224-1448	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Asst. Secretary R. Joseph Patelunas PO Box 241448 Charlotte NC 28224-1448	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 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.

SIGNATURE: SIGNATURE REQUIRED Cynthia Harris — 5/22/03 — 704-523-2191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)

AV 03A90060