FOR PROFIT CORPORATION

FILED Feb 21, 2002 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # PO10000 10963 02-21-2002 90328 028 ***150.00 Sunshine MIS Mascar Collectibles, Inc 0~77 67 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 505 (505 Quail Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59 - 31 Applied For City & State Floreda Det Floreda Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent ames DO NOT WRITE -Street Address (P.O. Box Number Is Not Acceptable) IN THIS SPACE 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. CR2E034B (12/01) amesczeak TITLE 505 Quail Hill Dr. NAME STREET ADDRESS STREET ADDRESS DeBary, Fl. 32713 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME 505 Quail HIIDr STREET ADDRESS STREET ADDRESS DeBary, F1.32713 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-7IP TITLE IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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 11 or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: _

NAME

STREET ADDRESS

CITY-ST-ZIP