FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

DOOLINENT #06/00000000000000000000000000000000000				1 Secretary of State		
DOCUMENT # PO 1000022520 1. Entity Name				05-21-2002 91166 	5 045 ***150.00	
MACTON	INC					
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DO NOT WRITE	IN THIS SE	PACE		4 °		
2. Principal Place of Business 7821 CENTER BAY DR 7821 CENTER BA		W DO				
7821 CENTER BAY DR 7821 CENTER B. Suite, Apt. #, etc.		AT DIC		DO NOT WRITE IN THIS SPA	ACE	
Suite, rept. #, ctc.						
City & State NORTH BAY VILLAGE NORTH BAY VILLAGE		VILLAGE		65-1083479	Applied For Not Applicable	
Zip Country 33141 DADE	33141	Country DADE	5		3.75 Additional e Required	
				Name and Address of Current Registered A	gent	
DO MOT MOST			Name GEORGE CLINTON			
DO NOT WRITE		_Street	Street Address (P.O. Box Number is Not Acceptable) 17821 CENTER BAY DIZ			
IN THIS SI	PACE	.,	<i>y</i> -,			
		City	HORT	H BAY VILLAGE FL	Zip Code 33141	
8. The above named entity submits this statement for	or the purpose of changing its	registered office	or registered	agent, or both, in the State of Florida.		
					1	
SIGNATURE Signature, typed or printed name of registered agen	and title of explicable (NOT	E: Registered Agent sign	alura remared who	n reinstatino) DATE		
	Lanci liue i applicable. (wo i	c: Registerea Agent sign	acord recipion on man	errenading)		
	January 1 - N	lay 1 Fee is \$1				
This corporation is eligible to satisfy its Intangibl Tax filing requirement and elects to do so.	e January 1 - N After May	lay 1 Fee is \$1 1, Fee is \$550:	50.00)0	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. # (See criteria on back)	e January 1 - N After May Amende Make Check Payat	lay 1 Fee Is \$1. 1, Fee Is \$550: d UBR is \$61.2	50.00 30	10. Election Campaign Financing		
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13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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.

SIGNATURE:

into GEORGE A. CLINTON

1/29/01 305 759 1706