FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Sep 15, 2002 8:00 am Secretary of State

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The New MDT Enterprise, Inc.

TITLE

NAME

STREET ADDRESS

871902 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3 Mailing Address 4330 S. W. 27th Street 1696 S. 22nd Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Hollywood, Florida Hollywood, Florida 33020 30-0105773 Not Applicable Country Country 33023\$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent Gloria Wimberly DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 4330 S. W. 27th IN THIS SPACE Hollywood Zip Code 33023 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS President TITLE TITLE CR2E034B (12/01) Jack Wimberly NAME NAME 4330 S. W. 27th Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Hollywood, Florida 33023 CITY-ST-ZIP TITLE Vice President Antoinette Wimberly TITLE NAME NAME 4330 S. W. 27th Street STREET ADDRESS STREET ADDRESS Hollywood, Florida 33023 CITY-ST-ZIP CITY-ST-ZIP TITLE Shirley Wimberly, Secretary TITLE NAME 4330 S. W. 27th Street NAME STREET ADDRESS STREET ADDRESS Hollywood, FL 33023 DO NOT WRITE CITY-ST-ZIP CITY-ST-7IP Treasurer TITLE TITLE IN THIS SPACE NAME Gloria Wimberly NAME STREET ADDRESS 4330 S. W. 27th Street STREET ADDRESS CITY-ST-ZIP Hollywood, Florida 33023 CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY+ST-ZIP 13. 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 of 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 addyss, with all other like empowered.

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TITLE

NAME

A Hachment 871902 #P01000065333

To Whom It May Concern:

Please be advised that we never received the first original form. Your office ask that we submit the attached form with \$150.00.

Very truly yours, ~

Haa Wimberly