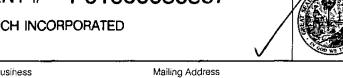
UNIFORM BUSINESS REPORT (UBR

2003 FOR PROFIT CORPORATION

P01000080867 DOCUMENT

1. Entity Name

MASTERSEARCH INCORPORATED



Principal Place of Business 4700 HIATUS ROAD SUITE 359 SUNRISE FL 33351		Mailing Address 4700 HIATUS ROAD SUITE 359 SUNRISE FL 33351						
2. Principal Place of Business		3. Mailing Address				B 01 1017 1017	felf	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FE	65-1130123		plied For t Applicable	
Zip	Country Z	ip C	ountry	5. Ce	rtificate of Status Desired	\$8.75 Add Fee Require	litional d	
6. Name and Address of Current Registered Agent				7. Na	me and Address of New Registe	red Agent	- : : - :	
MARCHESE, EUGENE JR 4700 HIATUS ROAD SUITE 359 SUNRISE FL 33351			Name Street Add	Name Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Code	9	
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 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.		0 May Be to Fees	
10.	OFFICERS AND DIRECT	TORS	11.	ADD	TIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11	
NAME MARCHESE, STREET ADDRESS CITY-ST-ZIP SUNRISE FL	33351		TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE D NAME GRIFFIN, WILL STREET ADDRESS CITY-ST-ZIP SUNRISE FL	LIAM JR ALACAP S ROAD SUITE 359 Sec 33351	CONFIRMA	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change '	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	The state of the s		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE		[T] Delete	TITLE			Change	☐ Addition	

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

EUGENE MARCHESE, SR

☐ Delete

Change

☐ Addition

FILED

Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90126 010 ***150.00