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03 SEP -4 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000082891

1. Entity Name
SMG # 1, INC.

Principal Place of Business	Mailing Address
6815 W NEWBERRY DR GAINESVILLE, FL 32606	2330 SW 35TH PLACE A-2 GAINESVILLE, FL 32608

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	350 CROSSING BLVD Suite, Apt. #, etc. # 1304
City & State	City & State ORANGE PARK, FL
Zip / Country	Zip 32073 / Country USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number ☐ 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
MUGHAL, KHALID 2330 SW 35TH PLACE A-2 GAINESVILLE, FL 32608	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Required Agent's Signature required when changing)

FILING FEE is $150.00
After DEC 31, 2002 Fee will be $600.00
Amended UBR is $25.00
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 MUGHAL, KHALID 2330 SW 35TH PLACE A-2 GAINESVILLE, FL 32608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUGHAL, KHALID 350 CROSSING BLVD #1304 ORANGE PARK, FL 32073	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900022739529 09/04/03--01005--006 **2750.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: _____ 08/29/03 954 520-0824
Officer or Director Signature of Officer or Director Date Daytime Phone #

jr 9/4