## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE DOCUMENT # P01000084983 DIVISION OF CORPORATIONS Site developement + 1. Entity Name 02 MP4 7 PM 4:21 Consultants Inc. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business
2067 Calumet St.
Suite. Apt. #, etc. 3. Mailing Address <u>Same</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State FLorda Clear water Not Applicable \$8.75 Additional Same 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent Name Scott A. Mittelstand DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 15040 Willow Way Zip Code 33760 8. The above named entity subports this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 4-26-02 Signature, typed or printed name of registered agent and title if applicable January 1 - May 1 Fee is \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Flection Campaign Financing After May 1, Fee is \$550.00 Amended UBR is \$61.25 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS MittelStaedt 000005598530---05/23/02--01001--018 TITLE NAME NAME 15040 Willow way Apt C Clear Hater Fh. 33760 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME DO NOT WRITE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP TELE IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- 7IP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP 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 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 of 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:

FILED