


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

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90089 046 \*\*\*150.00

DOCUMENT # **P01000098660**

1. Entity Name  
**MARCAP INC.**



DO NOT WRITE IN THIS SPACE

44033006

2. Principal Place of Business  
**6747 Edgeworth Drive**

3. Mailing Address  
**6747 Edgeworth Drive**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Orlando, Florida**

City & State  
**Orlando, Florida**

4. FEI Number **59-3748914**

Applied For  
 Not Applicable

Zip **32819** Country **Orange**

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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Verhaegen, Mark**

Street Address (P.O. Box Number is Not Acceptable)  
**6747 Edgeworth Drive**

City **Orlando** Zip Code **32819**

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.

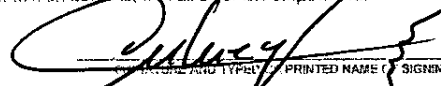
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Verhaegen, Mark</b> <b>6747 Edgeworth Drive</b> <b>Orlando, Florida 32819</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST Verhaegen, Mark</b> <b>6747 Edgeworth Drive</b> <b>Orlando, Florida 32819</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

 **MARK VERHAEGEN** **4/19/04** **407/399-4393**

SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)