2002 UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # P01000113339 04-30-2002 90224 019 ***150.00 1. Entity Name MADISON CONSULTING SERVICES, INC. Principal Place of Business Mailing Address 2701 EAST OAKLAND PARK BLVD. 2701 EAST OAKLAND PARK BLVD. 94747 SUITE C SUITE C FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEL Number Applied For City & State City & State 158635 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PYE. THOMAS G ESQ. Street Address (P.O. Box Number is Not Acceptable) 2701 EAST OAKLAND PARK BLVD. SUITE C ₹ FORT LAUDERDALE FL 33306 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01 ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME MADISON, THOMAS M JR. NAME E034 STREET ADDRESS STREET ADDRESS 2701 EAST OAKLAND PARK BLVD. CITY-ST-ZIP FORT LAUDERDALE FL 33306 CITY-SI-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-51-712 CITY-ST-ZIP Addition Delete TIDE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TIPLE TITLE NAME NAME

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 cath; 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

FILED Jun 25, 2002 8:00 am