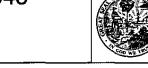
04-07-2003 90970 001 ***150.00

FILED 2003 FOR PROFIT CORPORATION Apr 07, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P01000114640

MOLLY MCGEE, INC.



Principal Place of Business 555 S.W. 12TH AVENUE

SUITE 101

Mailing Address 555 S.W. 12TH AVENUE

SUITE 101

POMPANO BEACH FL 33069		POMPANO BEACH FL 33069				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 75-3015521	Applied For Not Applicable	
Zip	Country	Zip	Country	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	
GOLDMAN, BRUCE J			Name			
CITY NATIONAL BANK BUILDING			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
	JEUNE ROAD #404					
CORAL GABLES FL 33134			City	FL	Zip Code	
	named entity submits this statement fo	r the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am	familiar with, and accept	
SIGNATURE .	į.					
	Signature, typed or printed name of registered agent a	and title I applicable. (NOT	E: Registered Agent signature requ	uired 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				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 KAMINSKY, GARY 555 S.W. 12TH AVENUE #101 POMPANO BEACH FL 33069	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAMINSKY, KRYSTYNA 555 S.W. 12TH AVENUE #101 POMPANO BEACH FL 33069	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	n	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	

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 securate 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 be 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:

SIGN

44.03

Daytime Phone #