2003 FOR PROFIT CORPORATION

FILED Apr 25, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000015886 **DOCUMENT #** 1. Entity Name 04-25-2003 90295 013 ***150.00 MACSUB VIII. INC. Principal Place of Business Mailing Address 420 PARK PLACE, SUITE 100 420 PARK PLACE, SUITE 100 CLEARWATER FL 33759 CLEARWATER FL 33759 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 75-2995298 Not Applicable Country Zip Zip Country \$8,75 Additional 5. Certificate of Status Desired 7.-Name and Address of New Registered Agent ---6. Name and Address of Current Registered Agent HUBBART, KEVIN J ESQ. Street Address (P.O. Box Number is Not Acceptable) 420 PARK PLACE, SUITE 100 **CLEARWATER FL 33759** 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. I am familiar with, and accept the obligations of registered agent. 4-21-03 Little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition TITLE TITLE ☐ Delete NAME NAME MCCOMAS, DAVID 420 PARK PLACE, SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CLEARWATER FL 33759 Change Addition ☐ Delete TITLE NAME kihader, ibrahim NAME STREET ADDRESS STREET ADDRESS 420 PARK PLACE, SUITE 100 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33759** ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

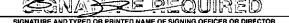
SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

NAME



☐ Delete

727-405-2500

☐ Change

☐ Addition