2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90148 030 ***150.00

DOCUMENT # P02000028656

1. Entity Name
MUSSEWBEE SYSTEMS, INC.

Principal Place of Business	Mailing Address
3615 NORTHEAST 207TH STREET SUITE 3304 MIAMI FL 33180	3615 NORTHEAST 207TH STREET SUITE 3304 MIAMI FL 33180

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
5600 COLLINS AVE		5600 COLLINS AVE	
Suite, Apt. #, etc.: SUITE 11U		Suite, Apt. #, etc.: SUITE 11U	
City & State: MIAMI BEACH, FL		City & State: MIAMI BEACH, FL	
Zip: 33140	Country: USA	Zip: 33140	Country: USA

4. FEI Number 01-0632553 [redacted] ☐ Applied For ☐ Not Applicable

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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name: BRADLEY FENTON Street Address (P.O. Box Number is Not Acceptable): 5600 COLLINS AVE SUITE 11U City: MIAMI BEACH FL Zip Code: 33140

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: B. M. [signature] CEO/PRESIDENT — DATE: 4-22-03
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. 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	D	☐ Delete	TITLE	C	☒ Change ☐ Addition
NAME	FENTON, BRADLEY M		NAME	FENTON, BRADLEY M	
STREET ADDRESS	3615 NORTHEAST 207TH STREET, SUITE 3304		STREET ADDRESS	5600 COLLINS AVE, SUITE 11U	
CITY-ST-ZIP	MIAMI FL 33180		CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] BRADLEY FENTON — Date: 4-22-03 — Daytime Phone #: 305-610-7128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)