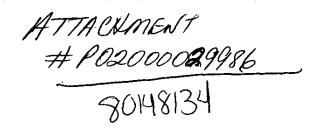
954 781-994/ Daytime Phone #

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)				FILED Sep 15, 2003 8:00 am Secretary of State
1. Entity Nam		00029986 <i>k</i>		09-15-2003 90153 017 ***150.00
Principal Place of Business 3414 LEIGH ROAD POMPANO BEACH FL 33062		Mailing Address 3414 LEIGH ROAD POMPANO BEACH FL 3306	2	
2. Principal Place of Business 3414 Logh Rd Suite, Apt. #Letc.		3. Mailing Address 3414 Couch Rd Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
Pumpano	BLACK FI	Pompuna Ben		4. FEI Number 01 - 065924/ Applied For Not Applicable
Zip / 330	62 Country	33062	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
	6. Name and Address of Current		Name	7. Name and Address of New Registered Agent
GROODY, MICHAEL G 3414 LEIGH ROAD				(P.O. Box Number is Not Acceptable)
POMPANO BEACH FL 33062			City	Zip Code
	named entity submits this statement follows of registered agent.	or the purpose of changing its re		ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requir	ed when reinstating) DATE
Fi After Set	ILÉ NOW!!! FEE IS \$550.00 otember 10, 2003 Fee will be \$750 c Payable to Florida Department o	.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	, OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	President Michael Grood	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	3414 Lugh Rd Porgano	Burch f/ 33,662	STREET ADDRESS City-St-Zip	
TITLE NAME STREET ADDRESS	,	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME		☐ Delete	CITY-ST-ZIP TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
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 adoress City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated	on this report or supplemental report is	true and accurate and that my	signature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an officer or director life. Florida Statutes; and that my name appears in Block 10 or Block 11 if



TO WHOM IT MAY CONCERN,

I MICHAEL GROODY AM THE PRESINDENT OF OF MSG ENTERPRISES INC. PLEASE BE NOTIFIED THAT THE ORIGINAL UBR WAS NEVER RECEIVED. THIS IS A NEW BUSINESS AND I AM SENDING THE PROPER PAYMENT AND COMPLETED FORM. ANY QUESTIONS YOU CAN CALL ME AT (954)781-9941.

THANK YOU

MICHAEL GROODY