FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PD2 DDD 30579

1. Entity Name MCLIPS, CORP.

FILED Apr 11, 2003 8:00 am Secretary of State

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2. Principal F			3. Mailing Address 4508 SW 160 AUE						-			
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33027 BROWARD			33207 Broward			ಲ │	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required					
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SIGNAZENE -	Signature, typed	or printed name of registered agent and	d title if applicable (NOT	E: Registere	d Agent signature	e required wh	nen reinstating)		DATE			
9. This come	rotion in clini	ble to satisfy its Intangible	January 1 - N	May 1 F	e is \$150.	00)	600 c	··- <u>-</u>		<u>_</u> _		_
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13. I hereby co	ertify that the	information supplied with the or supplemental report is true	is filing does not qualify for ue and accurate and that n	the exer	nption stated ure shall hav	d in Section	on 119.07(3)(i) ne legal effect	, Florida Statute	s. I further certif	y that the i	information	-

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Di Rector

4-8-05

Daytime Phone #