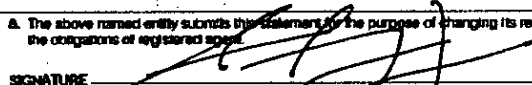


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90241 035 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000045984			
1. Entity Name MACRO CODES CORPORATION			
Principal Place of Business 2490 CENTERGATE DRIVE 102 MIRAMAR, FL 33025		Mailing Address 2490 CENTERGATE DRIVE 102 MIRAMAR, FL 33025	
2. Principal Place of Business 520 SOUTH DIXIE HIGHWAY Suite, Apt. #, etc. HALLANDALE FL City & State Zip 33009 Country US		3. Mailing Address 520 SOUTH DIXIE HIGHWAY Suite, Apt. #, etc. HALLANDALE FL City & State Zip 33009 Country	
			
		☐ CHECK HERE IF MAKING CHANGES	
		FED. NUMBER 65-1177268	
		Applied For Not Applicable	
		5. Certificate of Status Declared ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INWANG, GLORY P 2490 CENTERGATE DRIVE 102 MIRAMAR, FL 33025		7. Name and Address of New Registered Agent NAME INWANG, GLORY P Street Address (P.O. Box Number is Not Acceptable) 520 SOUTH DIXIE HIGHWAY City HALLANDALE FL Zip Code 33009	
A. 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 		DATE 04/26/03	
		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 NAME STREET ADDRESS CITY-ST-ZIP	DIR BALOGUN, OLUFEMI A 2490 CENTERGATE DRIVE MIRAMAR, FL 33025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR OLUFEMI BALOGUN A 520 SOUTH DIXIE HIGHWAY HALLANDALE FL 33009 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR INWANG, GLORY P 2490 CENTERGATE DRIVE MIRAMAR, FL 33025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR INWANG, GLORY P 520 SOUTH DIXIE HIGHWAY HALLANDALE FL 33009 ☐ 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
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)(f), 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 to this report, with all other fees imposed.			
SIGNATURE 		DATE 04/26/2003 954358621	

UNIFORM BUSINESS REPORT (UBR)
SECRETARY OF STATE