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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	Mailing Address
2490 CENTERGATE DRIVE 102 MIRAMAR, FL 33025	2490 CENTERGATE DRIVE 102 MIRAMAR, FL 33025

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
520 SOUTH DIXIE	520 SOUTH DIXIE
Suite, Apt. #, etc. HIGHWAY	Suite, Apt. #, etc. HIGHWAY
City & State HALLANDALE FL	City & State HALLANDALE FL
Zip 33009 Country US	Zip 33009 Country

4. FEI Number 65-1177268 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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

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 [signature] 04/26/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	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	DIR INWANG, GLORY P 520 SOUTH DIXIE HIGHWAY HALLANDALE FL 33009	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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] 04/26/2003 9545586421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #