2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 28, 2003 8:00 am Secretary of State

Principal Place of Business 2009 Mailing Address 2009 McCeRNA 7 8000 McCeRN	DOCUMENT # P02000047385 1. Entity Name MZ-GOLF, INC.						03-17-2003 90094 015 ***150.00	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Reported 8. Name and Address of Current Registered Agent Name Reported Reported agent, or both, in the State of Reported Reported agent, or both, in the State of Reported Reported agent, or both, in the State of Reported Reported agent, or both, in the State of Reported Reported agent, or both, in the State of Reported Reported agent, or both, in the State of Reported Reported agent, or both, in the State of Reported Reported agent, or both, in the State of Reported Reported agent, or both, in the State of Reported Reported agent, or both, in the State of Reported Reported agent, or both, in the State of Reported Reported agent, or both, in the State of Reported agent, or both, in the	20376 HACIE	NDA CT	20376 HACIENDA CT					
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Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required \$8.	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARTZOFF, JEROME T785 DUNDEE LN DELRAY BCH FL 33446 City FL Zip Code 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 Roida. I am familiar with, and accept the obligations of registered agent, produce in protein agent, produce in prod	City & State		City & State			4.	7 - 7 / 1 / 1 / 1 C VC	
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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 AND TYPED OR PRINTED NAME OF SIGNING PICER OR DIRECTOR

2/5/08 561-482-0644