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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000049617

1. Entity Name
MEGA ACE MULTIMEDIA INC.

Principal Place of Business	Mailing Address
602 N. ADAMS ST. TALLAHASSEE, FL 32303	602 N. ADAMS ST. TALLAHASSEE, FL 32303

2. Principal Place of Business	3. Mailing Address
	4317 CALCUTTA CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: TALLAHASSEE FL
Zip / Country	Zip: 32303 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0616765 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, THAIS R
2000 N. MADISON RD., #152
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name: THAIS R. WILSON
Street Address (P.O. Box Number is Not Acceptable): 4317 CALCUTTA CT.
City: TALLAHASSEE **FL** Zip Code 32303

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: Thais R. Wilson, owner 2/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	☐ Delete	TITLE: DIRECTOR, PRESIDENT NAME: THAIS WILSON STREET ADDRESS: 4317 CALCUTTA CT. CITY-ST-ZIP: TALL. FL. 32303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: VICE PRESIDENT NAME: VAUGHN WILSON STREET ADDRESS: 4317 CALCUTTA CT. CITY-ST-ZIP: TALL. FL. 32303	☐ 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
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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: Thais Wilson, THAIS WILSON 2/22/03 850-297-0323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #