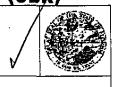
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000053142

1. Entity Name
MADISSON CORPORATION



FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90282 009 ***158.75

	,		V		^y
Principal Place of Business 15311 NW 60 AVENUE 100 MIANI LAKES, FL 33014		Mailing Address 15311 NW 60 AVENUE 100 NIAMS LAKES, FL 3301	15311 NW 60 AVENUE		\(\frac{1}{2}\)
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		
Suite, Apt. #, etc.		Surte, Apt. #, etc.			CHECK HERE IF MAKING CHANGES
City & State		City & State	City & State		4. FEI Number 30 - 0076072 Applied For Not Applicable
Žīp	Zip Country Zip		Country		Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curr	ent Registered Agent			7. Name and Address of New Registered Agent
PI, JENNY 16311 NW 60 AVENUE			द चच्छा .	Name Street Address	is (P.O. Box Number is Not Acceptable)
100 MIAMI LAKES, FL 33014					
				City	FLA Zip Code
	named entity submits this statementions of registered agent.	nt for the purpose of changing it	s register	red office or registe	stered agent, or both, in the State of Florida. It am familiar with, and accept
SIGNATURE	Signature, typed or primed name of registered a	unn and ide if assiscable (NO	TE: Reussia	ed Agentsignatum require	ured when ministrating) DATE
# After	FILE NOWER FEE IS \$150 00 - n Way 1, 2003 Fee will be \$550 C Payable to Florida Departme	oo -			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.		ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZP				Change Addition Change Addition Change Addition Change Change	
TITLE NAME STREET ADDRESS CITY-ST-ZP		Û Delete		-	□ Change □ Addition B
TITLE NAME STREET ADDRESS CITY-SJ-ZP		☐ Delete	1	- 1	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-2P				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-2P			I	☐ Charge ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delete			☐ Clange ☐ Addition
indicated of the col changed	d on this report or supplemental report reporation or the receiver or trustee et, or on an attachment with an addre	ort is true and accurate and that impowered to execute this repo	my signs it as requ	ature shall have the	Section 119.07(3)(i), Florida Statutes, I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNAT		OR PRINTED NAME OF SIGNING OFFICE	R OR BIREZ	CIOR	Date Desire Point #