


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90132 031 ***158.75

DOCUMENT # P02000054645	
1. Entity Name MASUDAJIMA, INC.	

Principal Place of Business 4046 WEBBER STREET SARASOTA FL 34232	Mailing Address 4046 WEBBER STREET SARASOTA FL 34232
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2. Principal Place of Business 4533 Wilkinson Rd.	3. Mailing Address 4533 Wilkinson Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sarasota, FL	City & State Sarasota, FL
Zip 34233	Country USA

4. FEI Number 01-0737032	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent CHAPNICK, BRUCE P ESQ. 2033 MAIN STREET SUITE 600 SARASOTA FL 34237
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State
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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME BARNROVER, JAMES E	TITLE	NAME
STREET ADDRESS 4533 WILKINSON ROAD	CITY-ST-ZIP SARASOTA FL 34233	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE D	NAME BARNROVER, DAVID L	TITLE	NAME
STREET ADDRESS 4046 WEBBER STREET	CITY-ST-ZIP SARASOTA FL 34232	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE D	NAME BARNROVER, MATTHEW J	TITLE	NAME
STREET ADDRESS 4046 WEBBER STREET	CITY-ST-ZIP SARASOTA FL 34232	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3/10/2003 941-925-018
Date Daytime Phone #

CR2E034 (10/02)