

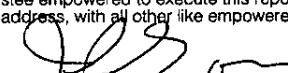


FILED
Apr 02, 2004 8:00 am
Secretary of State

54025422

DOCUMENT # P02000084066				Secretary of State	
1. Entity Name MASONIC OFFICE CENTER, INC.				04-02-2004 90024 029 ***150.00	
Principal Place of Business 10912 N. 56TH ST. TEMPLE TERRACE, FL 33617		Mailing Address 10912 N. 56TH ST. TEMPLE TERRACE, FL 33617			
2. Principal Place of Business		3. Mailing Address		 54025422	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03232004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 22-3861255	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GOSS, TRENT C 10912 N. 56TH ST. TEMPLE TERRACE, FL 33617				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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 Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOSS, TRENT C		NAME		
STREET ADDRESS	10912 N. 56TH ST.		STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIGGIO, ROBERT J		NAME		
STREET ADDRESS	10912 N. 56TH ST.		STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOSS, JAMES C		NAME		
STREET ADDRESS	10912 N. 56TH ST.		STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			3-29-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		