2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000110818

Entity Name: MORGAN MONEY CARD, INC.

FILED Apr 30, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2520 TRAIL MATE DRIVE SARASOTA, FL 34243 **Current Mailing Address: New Mailing Address:** 2520 TRAIL MATE DRIVE SARASOTA, FL 34243 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORGAN BEAUMONT, INC. MORGAN BEAUMONT, INC. 2520 TRAIL MATE DRIVE 2520 TRAIL MATE DRIVE SARASOTA, FL 34243 SUITE 110 SARASOTA, FL 34243 US 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. SIGNATURE: CLIFF WILDES 04/30/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change (X) Addition CRAIG, KEN Name: Name: 612 DOWNS AVE Address: Address: TAMPA, FL 33617 US City-St-Zip: City-St-Zip: Title: () Delete Title: DIR () Change (X) Addition Name: Name: WILDES, CLIFF 7436 MYRICA DR Address: Address: SARASOTA, FL 34241 US City-St-Zip: City-St-Zip: Title: Title: () Delete DIR () Change (X) Addition CRAIG, KEN Name: Name: 612 DOWNS AVE Address Address: City-St-Zip: City-St-Zip: TAMPA, FL 33617 US Title: () Delete Title: **PRES** () Change (X) Addition WILDES, CLIFF Name: Name: Address: Address: 7436 MYRICA DR. City-St-Zip: City-St-Zip: SARASOTA, FL 34241 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN CRAIG SEC 04/30/2003