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**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P020000128570	
1. Entity Name <b>MACSUB X, INC.</b>	

**FILED**  
**03 SEP 30 AM 10:51**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>1444-A Belcher Rd.</b>		3. Mailing Address <b>420 Park Place Blvd.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 100</b>	
City & State <b>Clearwater, FL</b>		City & State <b>Clearwater, FL</b>	
Zip <b>33764</b>	Country <b>USA</b>	Zip <b>33759</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>41-2069882</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>Kevin J. Hubbard, P.A.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>420 Park Place Blvd.</b>	
<b>Suite 100</b>	
City <b>Clearwater</b>	FL Zip Code <b>33759</b>

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  DATE **9/30/2003**  
(NOTE: Registered Agent signature required when reinstating)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>David McComas</b> <b>420 Park Place Blvd. #100</b> <b>Clearwater, FL 33759</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500023447085</b> <b>09/30/03--01066--023 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Ibrahim Khader</b> <b>420 Park Place Blvd. #100</b> <b>Clearwater, FL 33759</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/30/03** **727-723-3291**  
Date Daytime Phone #

CR2E034B (12/02)

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MacSub X, Inc.  
420 Park Place Blvd., Suite 100  
Clearwater, FL 33759  
(727) 723-3791

September 26, 2003

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: MacSub X, Inc.  
Document #P02000128570

Our corporation was filed 12/5/02 and we never received a UBR in the mail so we assumed since we filed so close to the end of 2002 that we didn't have to file for 2003. We recently noticed that the corporation was administratively dissolved for not filing in 2003. Enclosed is the 2003 UBR and a check for \$150. Please accept this payment and reinstate our corporation. Thank you for your consideration.

Sincerely,



David McComas  
President