FILED Feb 13, 2002 8:00 am

Zip Country Zip Country S. Certificate of Status Desired Sea. 75 Additional Per Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AXT, PHILIP 645 MAYPORT RD ATLANTIC BEACH FL 32233 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. Signature, byed or partied care of registered agent and set if explicable. 9. This corporation is eligible to satisfy its Intangible Tax Hiling requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS ON'SIZE	1. Entity Nan	MAGES INTERNATION	ONAL, INC.	7-002				Secreta 1 02-13-2002 90			
Surie, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required Fee Required AXT, PHILIP 645 MAYPORT RD ATLANTIC BEACH FL 32233 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. Signal tube File Now!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State AXT, PHILIP 9. This corporation is eligible to sabisty its Intangule Tax Riling requirement and elects to do so. Make Check Payable to Department of State AXT, PHILIP 9. This corporation is eligible to Sabisty is Intangule Tax Riling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State AXT, PHILIP OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 RILE MAME STRET AUDRESS CITY-S1-2P THE Obelete THE NAME STRET AUDRESS CITY-S1-2P THE OBELET CHANGES STRET AUDRESS CITY-S1-2P TH	645 MAYPORT RD			P.O. BOX 330500				2			
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Zip Country Zip Country 5. Centificate of Status Desired 6. ResPecured 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AXT, PHILIP 645 MAYPORT RD ATLANTIC BEACH FL 32233 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. Signature typed or particular dame of registered agent and left it supplicable. 9. This corporation is eligible to satisfy its Intangible Tax Billing requirement and elects to do so. (See orficial on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. THE NAME STREET ADDRESS ON' SI ZP THE ORDESS ON' SI ZP	Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
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AXT, PHILIP 645 MAYPORT RD ATLANTIC BEACH FL 32233 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature, board or printed name of registered agent and title 1 applicable 9. This conporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) PD After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME STREET ADDRESS CITY-ST-ZIP ATLANTIC BEACH 32 233 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE C Change Ad STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE C Change AD C	•	6 Name and Address	of Current Register	ed Agent			7 N	lame and Address of New Region)II G Q	\dashv
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ATLANTIC BEACH FL 32233 City FL Zip Code							ss (P.O. B	ox Number is Not Acceptable)			$\frac{1}{2}$
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and stell dispolicable. (NOTE: Registered Agent signature required when reinstating) DATE						N.				1	
SIGNATURE Signature, typed or printed name of registered agent and still of applicable. (NOTE: Registered Agent signature required when remistating) DATE	•			City	ity FL Zip			Code			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9. This corpo	Signature, typed or printed name of re oration is eligible to satisfy its requirement and elects to do	s Intangible	FILE NOW!!	! FEE	IS \$150.00 will be \$550.0	00	10. Election Campaign Finance	ing _ \$5		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. hereby certify that the information supplied with this filipendoes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. further certify that the information supplied with the information stated in Section 119.07(3)(i), Florida Statutes. further certify that the information stated in Section 119.07(3)(i), Florida Statutes. further certify that the information stated in Section 119.07(3)(i), Florida Statutes. further certify that the information stated in Section 119.07(3)(i), Florida Statutes. further certify that the information stated in Section 119.07(3)(i), Florida Statutes. further certify that the information stated in Section 119.07(3)(i), Florida Statutes. further certify that the information stated in Section 119.07(3)(i), Florida Statutes. further certify that the information stated in Section 119.07(3)(i), Florida Statutes. further certify that the information stated in Section 119.07(3)(i), Florida Statutes. further certify that the information stated in Section 119.07(3)(i), Florida Statutes. further certify that the information stated in Section 119.07(3)(i), Florida Statutes. further certify that the information stated in Section 119.07(3)(i), Florida Statutes. further certify that the information stated in Section 119.07(3)(i), Florida Statutes. further certify that the information stated in Section 119.07(3)(i), Florida Statutes. further certify that the information stated in Section 119.07(3)(i), Florida Statutes. further certify that the information stated in Section 119.07(3)(i), Florida Statutes. further certify that the information stated in Section 119.07(3)(i), Florida Statutes. further certify that the information stated in Section 119.07(3)(i), Florida Statutes. further certify that the information stated in Section 119.07(3)(i), Florida Statutes. further certify that the information stated in Section 119.07(3)(i), Florida Statutes. further certify that the information st	NAME STREET ADDRESS CITY-ST-ZIP				NAMI STRE CITY	ET ADDRESS -ST-ZIP					

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 11 or Block 12 if changed, or on an attachment with an address, with all other like impowered.

SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR) P94000054802

DOCUMENT #