2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNIN

FILED Aug 03, 2004 8:00 am Secretary of State

08-03-2004 90004 031 ***550.00

DOCUMENT # P94000086074 MBTK, INC. Principal Place of Business Mailing Address 54066418 2295 NW CORPORATE BLVD 2295 NW CORPORATE BLVD BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business 3. Mailing Address 2295 NW Corporate Blvd 2295 NW Corporate Blvd Suite, Apt. #, etc. 240 Suite, Apt. #, etc. 07272004 CR2E034 (10/03) 240 Applied For City & State City & State Boca Raton, 4. FEI Number Boca Raton, FL 65-0547711 Not Applicable Country \$6:75 Additional 5. Certificate of Status Desired 33431 USA 33431 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Michael Ball LUPO, JACK Street Address IP.O. Box Number is Not Acceptable; 2295 NW Corporate Blvd 2295 NW CORPORATE BLVD STE 135 BOCA RATON, FL 33431 Suite 240 City 33431 Boca Raton 8. The above named the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept ntity submits this statement for the obligations of SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 8, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition Delete NAME LUPO, JACK NAME 190 W GLADES ROAD SUITE C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL CITY-ST-7IP **VPS** XX Change TITLE TITLE ☐ Addition Delete DPST NAME BALL, MIKE NAME Michael Ball STREET ADDRESS 190 W GLADES ROAD SUITE C STREET ADDRESS 2295 NW Corporate Blvd #240 Boca Raton, FL 33431 CITY-ST-ZIP BOCA RATON, FL CITY-ST-ZIP Boca Raton. THLE ☐ Change 1 Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

G OFFICER OR DIRECTOR

Date

Daytime Phone #