## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P95000012610 May 17, 2000 8:00 am Secretary of State MASON STRATEGIC COMMUNICATIONS, INC. 05-17-2000 90924 015 \*\*\*150.00 Principal Place of Business Mailing Address 512 E. BROWARD BLVD. SOO -4512-E. BROWARD BLVD. #103-505 FT. LAUDERDALE FL 33301 #<del>100</del> 505 アクロウラウィ FT. LAUDERDALE FL 33301-2034 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Øity & State 4. FEI Number Applied For 65-0576586 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - DEBBIE MASON 1512 E. BROWARD BLVD. SUITE 103 FT. LAUDERDALE FL 33301 Zip Code 3330 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State

11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D Delete	TITLE	President   Change   Addition
NAME	MASON, DEBBIE	NAME	Mason, Delda'e and appor
STREET ADDRESS	1512 E. BROWARD BLVD. #103	STREET ADDRESS	SONE BROWN BLUE STEEDS
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	CITY-ST-ZIP	Mason, Delda'e Blue stesos Fort Laurence Fr 33301
TITLE	☐ Delete	TITLE	CEO Change Addition
NAME		NAME	Pace, John
STREET ADDRESS		STREET ADDRESS	Suo E Broward Blue Ste sus
CITY-ST-ZIP	_	CITY-ST-ZIP	CEO Change Addition Pace, John Exo E. Broward Blue Ste 505 Fort Landerdole, Fr. 33301
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	□ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
2.11 0. 2	1		

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 of 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)