

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90924 015 ***150.00

DOCUMENT # P95000012610

1. Entity Name
MASON STRATEGIC COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

~~512~~ ⁸⁰⁰ E. BROWARD BLVD.
~~#103-505~~
 FT. LAUDERDALE FL 33301
 US

~~512~~ ⁸⁰⁰ E. BROWARD BLVD.
~~#103-505~~
 FT. LAUDERDALE FL 33301-2034
 US

00000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

800 E. Broward Blvd.
 Suite, Apt. #, etc.
505

Same

City & State
Fort Lauderdale FL

City & State

4. FEI Number **65-0576586**

Applied For
 Not Applicable

Zip **33301**

Country **Broward**

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. 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

Name **Debbie Mason**
 Street Address (P.O. Box Number is Not Acceptable)
800 E. Broward Blvd.
Ste 505
 City **Fort Lauderdale FL** Zip Code **33301**

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D			<input type="checkbox"/>
	MASON, DEBBIE	1512 E. BROWARD BLVD. #103	FT. LAUDERDALE FL 33301	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	Mason, Debbie	800 E. Broward Blvd Ste 505	Fort Lauderdale FL 33301	<input type="checkbox"/>	<input type="checkbox"/>
	CEO			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Pace, John	800 E. Broward Blvd Ste 505	Fort Lauderdale, FL 33301	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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

4-9-00 (954) 522 3346
 Date Daytime Phone #

CFR2E034 (9/99)