2001 UNIFORM BUSINESS REPORT (UBR May 18, 2001 8:00 am Secretary of State DOCUMENT # P95000095582 1. Entity Name MAC TODAY, INC. -18-2001 91239 011 \*\*\*150.00 MAC DESIGN MAGAZINE, INC. Mailing Address 1042 MAIN ST 1042 MAIN ST DUNEDIN FL 34698 DUNEDIN FL 34698 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3355282 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELBY, SCOTT Street Address (P.O. Box Number is Not Acceptable) 1042 MAIN STREET 201 **DUNEDIN FL 34698** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME KELBY, SCOTT G STREET ADDRESS STREET ADDRESS 711 WILDFLOWER CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME WORKMAN, JAMES J STREET ADDRESS STREET ADDRESS 3020 ASHLAND TERRACE CITY-ST-ZIP CITY-ST-ZIP <u>CLEARWATER FL 33761</u> TITLE ☐ Delete Change \_ \_ Addition NAME NAME Kendra, Jean A STREET ADDRESS STREET ADDRESS 3020 ASHLAND TERRACE CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33761 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KELBY, KALEBRA NAME STREET ADDRESS STREET ADDRESS 711 WILDFLOWER CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 TITLE ☐ Delete TITLE Change ☐ Addition 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-17-01 727-738-580