2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

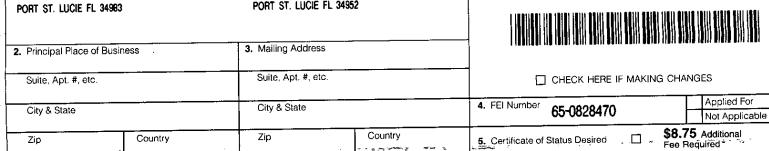
P98000014946

1. Entity Name

SIGNATURE

MASTERCAST, INC.

Mailing Address Principal Place of Business 825 TILTON ROAD 673 SW CARTER AVE. PORT ST. LUCIE FL 34952



7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SWIEZY, STAN L Street Address (P.O. Box Number is Not Acceptable) 825 TILTON ROAD PORT ST. LUCIE FL 34952 Zip Code City

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. I am familiar with, and accept the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

FILED

Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90081 011 ***150.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME SWIEZY, STAN L NAMÉ STREET ADDRESS 825 TILTON ROAD STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 34952 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITI F NAME SWIEZY, AMY S NAME STREET ADDRESS 825 TILTON ROAD STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 34952 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 impowered 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.