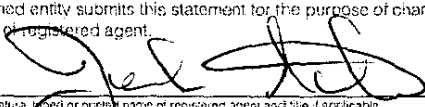
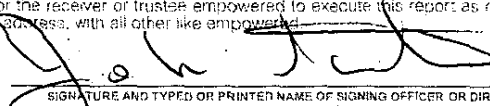


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90708 020 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015451			
1. Entity Name MEGASEX INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 5611 N. STATE RD 7 Suite, Apt. #, etc.		3. Mailing Address 5611 N. STATE RD 7 Suite, Apt. #, etc.	
City & State FT LAUDERDALE		City & State FT LAUDERDALE	
Zip 33319	Country	Zip 33319	Country
4. FEI Number 65-0819437		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name JACK T. FOLLO			
Street Address (P.O. Box Number is Not Acceptable) 2320 NE 32ND CT			
City Lighthouse Point FL Zip Code 33067			
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  Signature of officer or printed name of registered agent and title if applicable.		DATE 4/28/03 (NOTE: Registered Agent signature required when resigning.)	
January - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE P NAME JACK T. FOLLO STREET ADDRESS 2320 NE 32ND CT CITY-ST-ZIP Lighthouse Point, FL 33067		TITLE P NAME P. PASCH STREET ADDRESS 5611 N STATE RD 7 CITY-ST-ZIP FT LAUDERDALE FL 33319	
TITLE VP NAME P. PASCH STREET ADDRESS 5611 N STATE RD 7 CITY-ST-ZIP FT LAUDERDALE FL 33319		TITLE VP NAME P. PASCH STREET ADDRESS 5611 N STATE RD 7 CITY-ST-ZIP FT LAUDERDALE FL 33319	
TITLE VP NAME P. PASCH STREET ADDRESS 5611 N STATE RD 7 CITY-ST-ZIP FT LAUDERDALE FL 33319		TITLE VP NAME P. PASCH STREET ADDRESS 5611 N STATE RD 7 CITY-ST-ZIP FT LAUDERDALE FL 33319	
TITLE VP NAME P. PASCH STREET ADDRESS 5611 N STATE RD 7 CITY-ST-ZIP FT LAUDERDALE FL 33319		TITLE VP NAME P. PASCH STREET ADDRESS 5611 N STATE RD 7 CITY-ST-ZIP FT LAUDERDALE FL 33319	
TITLE VP NAME P. PASCH STREET ADDRESS 5611 N STATE RD 7 CITY-ST-ZIP FT LAUDERDALE FL 33319		TITLE VP NAME P. PASCH STREET ADDRESS 5611 N STATE RD 7 CITY-ST-ZIP FT LAUDERDALE FL 33319	
TITLE VP NAME P. PASCH STREET ADDRESS 5611 N STATE RD 7 CITY-ST-ZIP FT LAUDERDALE FL 33319		TITLE VP NAME P. PASCH STREET ADDRESS 5611 N STATE RD 7 CITY-ST-ZIP FT LAUDERDALE FL 33319	
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 on an attachment with attached, with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4/28/03 Date of Filing	

CR2E034B (12/02)