

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102363



1. Entity Name
MEDUSA DESIGNS UNLIMITED, INC.

Principal Place of Business
800 E. PROSPECT RD
FT LAUDERDALE FL 33334

Mailing Address
800 E. PROSPECT RD
FT LAUDERDALE FL 33334

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

| | | |
|---------------|------------|----------------|
| 4. FEI Number | 65-0879473 | Applied For |
| | | Not Applicable |

— \$8.75 Additional

65-0879473

| | |
|--|----------------|
| | Applied For |
| | Not Applicable |

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Fernando Torres

Street Address (P.O. Box Number is Not Acceptable)

800 E Prospect RD
City: Ft Lauderdale FL Zip Code: 33334

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP | P AULENSI, GREGORY T 3216 N.E. 42ND CT FT LAUDERDALE FL 33308 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V TORRES, FERNANDO 2701 N. OCEAN BLU #16B FT LAUDERDALE FL 33308 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TORRES Fernando 2701 NOCEAND BLU # 16.B FT. LAUDERDALE FL 33308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John G. Johnson

01-04/2002 (45) 5641999
Date Division Phone #

Daytime Phone #

CR2E034 (10/02)