


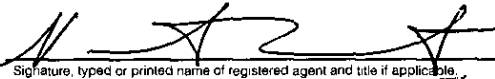
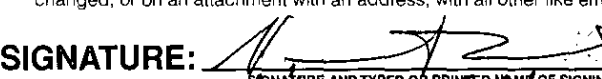
FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90121 028 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000003442				Apr 24, 2000 8:00 am Secretary of State 04-24-2000 90121 028 ***150.00	
1. Entity Name MARGAIN BUSINESS SOLUTIONS, INC.					
Principal Place of Business 5105 PORPOISE PLACE NEW PORT RICHEY FL 34652		Mailing Address 5105 PORPOISE PLACE NEW PORT RICHEY FL 34652-3021			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip - Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip - Country		DUUJ7U11  DO NOT WRITE IN THIS SPACE	
				4. FEI Number 59-3555488	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			7. Name and Address of New Registered Agent Name FRED FELDMAN Street Address (P.O. Box Number is Not Acceptable) 5105 Porpoise PL City New Port Richey FL Zip Code 34652		
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 changing agent) NATALIE T. FELDMAN DATE 2/10/00					
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>			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. <input type="checkbox"/> \$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	D FELDMAN, NATALIE T 5105 PORPOISE PLACE NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President FRED FELDMAN 5105 Porpoise PL. New Port Richey, FL 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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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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
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 807, 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: 			DATE 2/10/00 727 845 1222 Daytime Phone #		