2008 FOR PROFIT CORPORATION

FILED Apr 29, 2008 8:00 am Secretary of State

		NNU	 	 A110	_
AE NI	r # 96	3055	 	 	Γ

1. Entity Name	ENT # S63055 MA PROPERTIES, INC.					90073 021 ***150.00			
Principal Place of B 3333 S. ORANGE A STE 217 ORLANDO, FL 320	AVE.	Mailing Address 3333 S. ORANGE AVE. STE 217 ORLANDO, FL 32806	US	ar Tok Marij		INII NISIN NININ NININ NININ NININ NININ			
2. Principal Place of	of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04222008 Chg-P	CR2E034 (12/06)			
City & State	,	City & State			4. FEI Number 59-3085114	Applied For Not Applicable			
Zip	Country	Zip Country		У	5. Certificate of Status Desired	S8.75 Additional Fee Required			
6.	. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent Name					
RUSH, RANDO			-	WHWW, Inc.					
250 PARK AVE 5TH FLOOR			<u> </u>		Orange Avenue				
WINTER PARK	K, FL 32789	Ω	}	Suite 1500					
9. The shows some	ad aglitu gubmita ka atataman far	the extraction its	ragiataras	Orlando FL Zio Code 32801					
the obligations of	ed entity submits has statement for of registered agent.			o onice of register	ed agent, or both, in the State of Flori	da. Fam familiar with, and accept			
SIGNATURE Signature, typed or printed hame of registering agent and little of applicable. (NOTE: Registering Agent signature required when romstating) DATE									
	OW!!! FEE IS \$150.00 , 2008 Fee will be \$550.00	9. Election Campai Trust Fund Cont	-		DO May Be d to Fees				
10.	OFFICERS AND D	IRECTORS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 11			
1 -				DP	ST . W. Clement	Change 🔲 Addition			
. 1	33 S. ORANGE AVENUE, STE. RLANDO, FL. 32806	217	STREET CITY - S		3 S. Orange Avenue ando, Florida 3280	Suite 217			
TITLE D	CLANDO, FL 32800	▼ Delete	THLE	31-2# UI	ando, riorida 5200	Change Addition			
	NKINS, WILLIAM G.		NAME	I ADDRESS					
	33 S. ORANGE AVENUE, STE. RLANDO, FL 32806	217	CITY-S	1					
TITLE		☐ Delete	THLE			Change Addition			
NAME STREET ADDRESS	NAN S I								
CITY-\$7-ZIP		()	CITY-S	ST- ZIP					
TITLE. NAME		☐ Delete	NAME			Change Addition			
STRLET ADDRESS CITY-SF-ZIP			SIRLET CITY-S	T ADDRESS					
HILE		☐ Delete	HTLE	51-2H		Change Addition			
NAME			NAME	T ADDDECC					
STREET ADDRESS CITY-ST-ZIP			CITY-S	T ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition			
NAME STREET ADDRESS			NAME STREET	T ADDRESS					
CITY-ST-ZIP			CITY-S						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.									