

FILED

03 MAY 23 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #V29308			
1. Entity Name MADIT, INC.			
Principal Place of Business 6850 22 AVENUE NORTH ST. PETERSBURG, FL 33710 US		Mailing Address 6850-22 AVE NORTH ST. PETERSBURG, FL 33710 US	
2. Principal Place of Business 6850-22 Ave N Suite, Apt. #, etc. ST PETERSBURG		3. Mailing Address 6850-22 Ave N Suite, Apt. #, etc. ST PETERSBURG	
City & State FL		City & State FL	
Zip 33710	Country PINELLAS	Zip 33710	Country PINELLAS
4. FEI Number 59-3144650		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BURROUGHS, WILLIAM 6850-22 AVENUE NORTH ST. PETERSBURG, FLORIDA ST PETERSBURG, FL 33710		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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		DATE	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 17, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME DV BURROUGHS, WILLIAM STREET ADDRESS 6850-22 AVENUE NORTH CITY-ST-ZIP ST PETERSBURG, FL	<input type="checkbox"/> Delete	TITLE / NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE / NAME P BURROUGHS, M STREET ADDRESS 6850 - 22 AVE N CITY-ST-ZIP ST PETE, FL 33710	<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
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
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
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 507, 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: <i>W. Burroughs</i> WILLIAM BURROUGHS		Date: 8/27/03	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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CHECK HERE IF MAKING CHANGES

CR2034 (10/02)

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