

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

DOCUMENT # F02000005324

**1. Entity Name
MACKIE DESIGNS INC.**



**Principal Place of Business
16220 WOOD-RED ROAD NE
WOODINVILLE WA 98072**

**Mailing Address
16220 WOOD-RED ROAD NE
WOODINVILLE WA 98072**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 91-1432133

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ST. MARTIN, MAURICIO
3579 NW 82ND STREET
MIAMI FL 33122**

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C
NAME RIKER, GREG
STREET ADDRESS 16220 WOOD-RED ROAD NE
CITY-ST-ZIP WOODINVILLE WA 98072

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VC
NAME MACKIE, GREG
STREET ADDRESS 16220 WOOD-RED ROAD NE
CITY-ST-ZIP WOODINVILLE WA 98072

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME FERGUSON, RAYMOND
STREET ADDRESS 16220 WOOD-RED ROAD NE
CITY-ST-ZIP WOODINVILLE WA 98072

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME GACEK, JON
STREET ADDRESS 16220 WOOD-RED ROAD NE
CITY-ST-ZIP WOODINVILLE WA 98072

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE P
NAME ENGEN, JAMES
STREET ADDRESS 16220 WOOD-RED ROAD NE
CITY-ST-ZIP WOODINVILLE WA 98072

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPST
NAME GARRARD, WILLIAM
STREET ADDRESS 16220 WOOD-RED ROAD NE
CITY-ST-ZIP WOODINVILLE WA 98072

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

30016034



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)