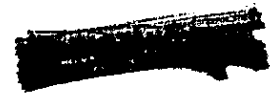


**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90360 027 \*\*\*150.00

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



**DOCUMENT #** P98000103421  
**1. Entity Name**

Mark O'Meara, Inc.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business** IMG Center, 1360 E. 9th St. **3. Mailing Address** IMG Center; 1360 E. 9th St.

Suite, Apt. #, etc. 100

Suite, Apt. #, etc. 100

DO NOT WRITE IN THIS SPACE

**City & State**  
Cleveland, OH

**City & State**  
Cleveland, OH

**4. FEI Number**  
59-3550835

**Applied For**  
Not Applicable

**Zip**  
44114-1782

**Country**  
USA

**Zip**  
44114-1782

**Country**  
USA

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** ~~CT-Corporation-System~~

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

1200 S. Pine Island Rd.

**City** Plantation **FL** **Zip Code** 33324

**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)

DATE

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.** (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

**10. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	PD O'Meara, Mark 6312 Deacon Circle Windermere, FL 34786	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	STD O'Meara, Alicia 6312 Deacon Circle Windermere, FL 34786	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	AS Carfagna, Peter A. IMG Center, #100; 1360 E. 9th St. Cleveland, OH 44114-1782	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 11 or on an attachment with an address with all other like empowered.**

**SIGNATURE**

*Peter A. Carfagna*

Peter A. Carfagna  
Asst. Secretary

(216) 522-1200

PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

REGISTRATION FEE

CR2001E (12/01)