2002 UNIFORM BUSINESS REPORT (UBR) FILED May 15, 2002 8:00 am Secretary of State **DOCUMENT # 712137** 1. Entity Name OFFICIAL FORT LAUDERDALE BILLFISH TOURNAMENT, IN 05-15-2002 90168 050 ****61.25 Principal Place of Business Mailing Address ATTN: JAMIE STRAUSS PO BOX 22218 311 SW 24TH STREET FT LAUDERDALE FL 33335-2218 FORT LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address 380 N 380 SW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 23-7218760 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STEPHENS, JOHN E JR 220 SW 32ND ST FORT LAUDERDALE FL 33315 City 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 SIGNATURE and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition NAME PIZZIFERRI, MICHELLE NAME STREET ADDRESS 1620 N OCEAN BLVD #908 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition RANK, JON NAME NAME STREET ADDRESS 9139 NE, 10TH, AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33138 ☐ Delete TITLE TITLE Change ☐ Addition STRAUSS, JAMIE NAME NAME STREET ADDRESS **311 SW 24 STREET** STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33315 CITY-ST-7IP ۷D TITLE ☐ Delete TITLE Change ☐ Addition cohen, david NAME NAME STREET ADDRESS 3520 MAGELLAN CIRCLE #737 STREET ADDRESS CITY-ST-ZIP aventura FL 33180 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

changed, or on an attachment with an address, with

SIGNATURE: