2002 UNIFORM BUSINESS REPORT (UBR)

May 15, 2002 8:00 am Secretary of State DOCUMENT # 737910 1. Entity Name 05-15-2002 90165 023 ****70.00 NATIONAL ASSOCIATION OF JAI-ALAI FRONTONS, INC. Principal Place of Business Mailing Address 301 E DANIA BEACH BLVD. 301 E DANIA BEACH BLVD. P.O. BOX 96 P.O. BOX 96 DANIA FL 33004 DANIA FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1714817 Not Applicable Zip Country Country \$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 SNYDER, STEPHEN F. Street Address (P.O. Box Number is Not Acceptable) 301 E DANIA BCH BLVD. DANIA FL 33004 Zip Code FL 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to 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 ☐ Change ☐ Addition SOPER, HORT NAME NAME STREET ADDRESS **203 SE 1ST ST** STREET ADDRESS CITY-ST-ZIP FT LAUD, FL 00000 CITY-ST-ZIP PTD ☐ Delete TITLE Change ☐ Addition SNYDER, STEPHEN F NAME STREET ADDRESS 301 E DANIA BCH BLVD. STREET ADDRESS CITY-ST-ZIP DANIA, FL 00000 CITY-ST-7IP DILE □ Delete TITLE ☐ Change ☐ Addition NAME KNOX, DANIEL R. NAME STREET ADDRESS 301 E DANIA BCH BLVD. STREET ADDRESS CITY-ST-ZIP DANIA FL CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition COLLETT, JR. B NAME NAME STREET ADDRESS 1750 KINGS HWY STREET ADDRESS CITY-ST-ZIP FT. PIERCE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 all other like empowered

SIGNATURE:

RStephen Fo Snyder , , ,

4/23/02 954-927-4000

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