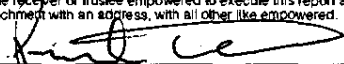


AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 JUN 26 AM 10:55

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769484			
1. Entity Name WINEGARD, INC.			
Principal Place of Business 5915 WINEGARD ROAD ORLANDO, FL 32809		Mailing Address 7611 SOUTH ORANGE BLOSSOM TRAIL STE. 168 ORLANDO, FL 32809 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6060 S. Orange Ave. Suite, Apt. #, etc.	
City & State Orlando FL		4. FEI Number 59-2568455	
Zip 32809		Country ORANGE	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent SINGH, PARMANAND 6060 S ORANGE AVE ORLANDO, FL 32809		7. Name and Address of New Registered Agent 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, not title if applicable. (NOTE: Registered Agent signature required when releasing) DATE _____			
FILE NOW: FEE IS: \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIEDER, WILLIAM 564 TRELLIS CT ORLANDO, FL 32809 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARMANAND SINGH 6060 S. ORANGE AVE ORLANDO, FL 32809 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUTHY, PATRICIA 542 TRELLIS CT ORLANDO, FL 32809 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANK COOK 200 N. DENNING STR. 2 WINTER PARK, FL 32789 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUTLER, MARINA K 531 TRELLIS COURT ORLANDO, FL 32809 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARY TOMENGO 548 TRELLIS CT ORLANDO, FL 32809 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLOCK, TAMMY L 4936 GIFFORD BLVD. ORLANDO, FL 32821 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOEMI FERRER 560 TRELLIS CT ORLANDO, FL 32809 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MAX SABETI 123 E. COLONIAL DR. Orlando, FL 32801 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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: 		6-16-03 407-383-3231	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037 (10/02)