AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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	Mailing Address
5915 WINEGARD ROAD ORLANDO, FL 32809	7611 SOUTH ORANGE BLOSSON TRAIL STE. 168 ORLANDO, FL 32809 US

500021164295
06/26/03--01084--002 **61.25

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	6060 S. Orange Ave. Suite, Apt. #, etc.
City & State	City & State: Orlando FL
Zip / Country	Zip: 32809 Country: ORANGE

4. FEI Number: 59-2568455 ☐ 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
SINGH, PARMANAND 6060 S ORANGE AVE ORLANDO, FL 32809	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 642 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 128 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

CR2E037 (10/02)

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 #