2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A96000001459 FILED SECRETARY OF STATE (DIVISION OF CORPORATIONS 1. Entity Name MICHAEL BOWLING ENTERPRISES LIMITED #1 00 MAY -5 PM 1: 33 Principal Place of Business Mailing Address 4311 CENTRE STREET, SUITE 204 -- 311 CENTRE STREET, SUITE 204 - FERNANDINA BEACH PL 32034-4276 EERNANDINA DEACH FL 32034 2. Principal Place of Business 3. Mailing Address 503 CENTRE STREET 503 CENTRE STREET DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3396163 Not Applicable FERNANDINA BEACH FERNANDINA BEACH Country \$8.75 Additional 5. Certificate of Status Desired 32034 LASSAU Fee Required 32034 NASSAU 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YONG, FRANK J ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 1050 RIVERSIDE AVENUE JACKSONVILLE FL 32201 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$10,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. \$10,000.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. P96000062108 DOCUMENT # STREET ADDRESS 503 CENTRE STREET J.M.B. TOY DEVELOPMENT, INC. NAME 311 CENTRE STREET, SUITE 204 STREET ADDRESS CITY-ST-7IP FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 600003288636- --2 --08/14/00---01051---018 STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # \*\*\*\*158.75 \*\*\*\*158.75 STREET ADDRESS NAME 10.00 - Up STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DÎCUMENT# STREET ADDRESS NAME TREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. 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 is true and accurate and that my eignature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

DECLER ESTAN SIKORSKI UNILDERVIOLER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER