2003 FOR PROFIT CORPORATION

Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** F02000002367 **DOCUMENT #** 04-28-2003 91832 027 ***150.00 DISCOUNT TWO ENTERTAINMENT INC. Principal Place of Business Mailing Address 303 U.S. 301 BOULEVARD WEST 1320 VALLEY OAK WAY **BRADENTON FL 34205 BEL AIR MD 21014** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 75-3001470 Not Applicable Zio Country Zip 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 IENHOUT WIENHOLT, THOMAS Street Address (P.O. Box Number is Not Acceptable) 4550 47TH ST. WEST #819 **BRADENTON FL 34210** 0051 PAIN TEACE LANDING Dr. DAVIE 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 🗸 (NOTE: Registered Agent signature required when reinstating) FILE NOW FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Addition TITLE ☐ Delete ☐ Change WIENHOLT, ROBERT G SR NAME NAME 1320 VALLEY OAK WAY STREET ADDRESS STREET ADDRESS **BEL AIR MD 21014** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 607, 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

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

FILED