FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JAN 22 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

102

DOCUMENT # H64707

1. Entity Name

OCEAN MAGIC SURF N SPORT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
103 U.S. Hwy One, Ste. C-6	103 U.S. Hwy One, Ste.C-6
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jupiter, Florida	City & State: Jupiter, Florida
Zip: 33477 Country: USA	Zip: 33477 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2545901 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Scott Kramer, Esquire
Street Address (P.O. Box Number is Not Acceptable): 6650 W. Indiantown Road
Suite 200
City: Jupiter FL Zip Code: 33458

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], Scott Kramer — January 21, 2002

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/D	TITLE	
NAME	Donald R. French	NAME	
STREET ADDRESS	64 Colony Road	STREET ADDRESS	
CITY-ST-ZIP	Jupiter, Florida	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	300004788513--9
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	LS
NAME		NAME	DO NOT WRITE
STREET ADDRESS		STREET ADDRESS	IN THIS SPACE
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2EC34B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Donald R. French — 01/21/02 — 561-744-8975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CSC

2082

ACCOUNT NO. : 072100000032

REFERENCE : 813232 82361A

AUTHORIZATION :

COST LIMIT : $ 150.00

Patricia Pujats

ORDER DATE : January 22, 2002

ORDER TIME : 10:41 AM

ORDER NO. : 813232-005

CUSTOMER NO: 82361A

CUSTOMER: Scott Kramer, Esq
Kramer Ali Fleck Carothers
Suite 200
6650 West Indiantown Road
Jupiter, FL 33458

RECEIVED
02 JAN 22 AM 11:20
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: OCEAN MAGIC SURF N SPORT, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson-EXT#1155

EXAMINER'S INITIALS: _____