2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE: 1

FILED DOCUMENT # N9600001341 May 10, 2000 8:00 am Secretary of State 1. Entity Name THE INFINITE WAY OF THE MARTIAL ARTS, INC. 05-10-2000 90075 017 ****61.25 Principal Place of Business Mailing Address 5324 53RD WAY 5324 53RD WAY WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409-7114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0676317 Not Applicable Zip Country 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 Name Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, DAVID A 5324 53RD WAY WEST PALM BEACH FL 33409 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Addition Delete TITLE ☐ Change TITLE NAME WILLIAMS, DAVID A NAME STREET ADDRESS 5324 53RD WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME BURNEY, DENISE M NAME STREET ADDRESS STREET ADDRESS 5324 53RD WAY CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Change ☐ Addition D TITLE TITLE ☐ Delete NAME MCCRAY, ROBERT L NAME STREET ADDRESS STREET ADDRESS 2631-E AVENUE R CITY-ST-ZIP CITY-ST-ZIP **RIVIERA BEACH FL 33404** Addition ☐ Change ☐ Delete TITLE TITLE **GRAY-LEWIS, LECIA** NAME NAME STREET ADDRESS STREET ADDRESS 4000 HEATH CIRCLE SO CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33407 Change ☐ Addition ☐ Delete TITLE MOULTRIE, RANGELIQUE M NAME NAME STREET ADDRESS STREET ADDRESS 1420 WEST 27TH STREET CITY-ST-ZIP CITY-ST-ZIP **RIVIERA BEACH FL 33404** ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

EMOUREDDAVID A. WILLIAMS 4/26/00