FILED 2002 Uniform Business Report (UBR) Mar 26, 2002 8:00 am & Secretary of State **DOCUMENT #** P00000035244 1. Entity Name 03-26-2002 90086 020 ***150.00 VICTORY FIELD VENTURES, INC. Principal Place of Business Mailing Address -12821-MUSTANG-TRAIL 13821-MUSTANG-TRAIL-SOUTHWEST-RANCHES-FL-33330--SOUTHWEST-RANCHES FL 33330-US 2. Principal Place of Business 3. Mailing Address #9 7750 PINES 750 PINES Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0996735 EMBROKE Not Applicable 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 rasti VRASTIL, WILLIAM R Street Address (P.O. Box Number is Not Acceptable) 13821-MUSTANG-TRAIL SOUTHWEST-RANCHES-FL-33330-PINES 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. re, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition VRASTIL. WILLIAM R NAME NAME 13821 MUSTANG TRAIL STREET ADDRESS STREET ADDRESS SOUTHWEST RANCHES FL 33330 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition VRASTIL, TERRI H NAME NAME 13821 MUSTANG TRAIL STREET ADDRESS STREET ADDRESS SOUTHWEST RANCHES FL 33330 CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME- ⇒- -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP oes not trullify for the example of sate of Section, 119 (1/3)(t). Florida Statutes. I further certify that the information occurring and that my signature shall have the same legal effect as if made under oath; that I am an officer or director than the same legal effect as if made under oath; that I am an officer or director is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information sup-indicated on this reporter supplemental of the corporation or the receive changed, or on an attachment w

OFFICER OR DIRECTOR

SIGNATURE: