2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 08:00 AM P96000020604 DOCUMENT# 1. Entity Name **Secretary of State** AMERICAN SPIRIT MOTORSPORTS, INC. Principal Place of Business Mailing Address 20150 INDEPENDENCE BLVD 20150 INDEPENDENCE BLVD STE B GROVELAND FL GROVELAND FL34736 34736 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3365345 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BATTAGLIA 100 LINCOLN AVE Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL32789 Zip Code 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. 04/27/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE X Delete CR2E034 (11/00) TITLE ☐ Addition MAME VATES DAVID R NAME 302 RIDGE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BIRMINGHAM ALCITY-ST-ZIP ST ☐ Delete TITLE X Change ☐ Addition NAME ACKERBLOOM MARICINA NAME ACKERBLOOM MARILINA STREET ADDRESS 2885 BEAUCLAIR DR STREET ADDRESS 2885 BEAUCLAIR DR CITY-ST-ZIP TAVARES FL 32778 CITY-ST-ZIP TAVARES FL32778 Delete TITLE ☐ Addition ACKERBLOOM ROBERT NAME STREET ADDRESS 7320 WESTPOINTE BLVD STREET ADDRESS CITY-ST-ZIP ORLANDO 32835 CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition ACKERBLOOM THUNSTON NAME STREET ADDRESS 28850 BEAUCLAIR DR STREET ADDRESS CITY-ST-ZIP TAVARES 32778 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

04/27/2001

Date

Daytime Phone #

Thunston R. Ackerbloom Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _