FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 20, 2002 8:00 am Secretary of State DOCUMENT # P99000075592 1. Entity Name 05-20-2002 90074 017 ***150.00 HOT SHOT AMUSEMENTS, INC. Principal Place of Business Mailing Address 2006 SYKES CREEK DR. 2006 SYKES CREEK DR. MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3605212 Not Applicable Zip 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 Name RIPOSTA. LOUIS F Street Address (P.O. Box Number is Not Acceptable) 2006 SYKES CREEK DR. MERRITT ISLAND FL 32953 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ... FILE NOW!!! FEE.IS \$150.00 ----_9._This corporation is eligible to satisfy its Intangible... 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01)☐ Delete TITLE ☐ Change Addition TITLE D RIPOSTA, LOUIS F NAME CR2E034 STREET ADDRESS STREET ADDRESS 2006 SYKES CREEK DR. CITY-ST-ZIP CITY-ST-ZIP **MERRITT ISLAND FL 32953** ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 appaddress, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP