2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE AND TYPED OR PRINTED NAME OF SI

SIGNATURE:

Apr 05, 2004 8:00 am Secretary of State DOCUMENT # M93756 1. Entity Name 04-05-2004 90411 040 ***150.00 THE BACK LOT, INC. Principal Place of Business Mailing Address 12331 WARREN ROAD 12331 WARREN ROAD CLERMONT FL 34711 CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2903519 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 RIGOTTI, NANCY LEE Street Address (P.O. Box Number is Not Acceptable) 12331 WARREN ROAD **CLERMONT FL** Zio 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition NAMÉ RIGOTTI, NANCY L. NAME 12331 WARREN ROAD STREET ADDRESS STREET ADDRESS CLERMONT FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition RIGOTTI, FERDINAND C. NAME NAME 12331 WARREN ROAD STREET ADDRESS STREET ADDRESS CLERMONT FL CITY-ST-7IP CITY-ST-ZIP TITLE ST ☐ Delete TITLE ☐ Change Addition NAME RIGOTTI, NANCY LT NAME - -STREET ADDRESS 12331 WARREN ROAD STREET ADDRESS CITY-ST-ZIP CLERMONT FL CITY-ST-ZIP TITLE ☐ 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 ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NING OFFICER OR DIRECTOR

FILED