2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

May 22, 2002 8:00 am Secretary of State DOCUMENT # 558422 1. Entity Name SUNRISE ICE SKATING CENTER, INC. 05-22-2002 90095 046 ***150 00 Principal Place of Business Mailing Address 244 SOUTH MILITARY TRAIL 244 SOUTH MILITARY TRAIL DEERFIELD BEACH FL 33442 **DEERFIELD BEACH FL 33442** 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 59-1831841 Not Applicable Zip 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 GRABILL, RICHARD A., PRESIDENT Street Address (P.O. Box Number is Not Acceptable) SUNRISE ICE SKATING CENTER, INC 244 S. MILITARY TRAIL **DEERFIELD BEACH FL 33442** City Zip Code 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 The Mark Construction of the Construction of t Signature, typed or printed name of registered agent and title if applicable 99 1900 (NOTE: Registered Agent Signature (typed or printed name of registered agent and title if applicable 99 1900). FILE NOW III FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tex 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 11 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PN TITLE ☐ Delete TITLE CR2E034 (9/01) Change ☐ Addition GRABILL, RICHARD A. NAME NAME ٠. 244 SOUTH MILITARY TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33442** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition GRABILL, GEORGIANNA B. NAME NAME STREET ADDRESS 244 SOUTH MILITARY TRAIL STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33442** CITY-ST-ZIP TITLE Delete_ Change__ TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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 TITLE ☐ Delete TITLE. ☐ Change ☐ Addition NAME 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 of 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

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