FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 10, 2001 8:00 am Secretary of State DOCUMENT # 577060 1. Entity Name PINELLAS CRABCOOKER, INC. 05-10-2001 90157 006 ***150.00 Principal Place of Business Mailing Address 4155 E LA PALMA AVE 4155 E LA PALMA AVE SUITE 250 SUITE 250 ANAHEIM CA 92807 ANAHEIM CA 92807 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 95-3309792 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301 City 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. 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. 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, 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. AS ☐ Change Addition TITLE ☐ Delete TITLE MCMAHON, JUDITH NAME NAME 4155 E LA PALMA AVE #250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ANAHEIM CA ☐ Addition TITLE Delete TITLE TALLICHET, CECILIA NAME MAME 4155 E LA PALMA AVE #250 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ANAHEIM CA ☐ Change ☐ Addition TITLE ☐ Delete TITLE TALLICHET, DAVID C JR. NAME ~~ 4155 E LA PALMA AVE #250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ANAHEIM CA ☐ Change Addition ☐ Delete TITLE TITLE ROYSE, BOB D. NAME NAME 4155 E LA PALMA AVE #250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ANAHEIM CA Change ☐ Addition ☐ Delete TITLE TITLE TALLICHET, CECILIA NAME NAME STREET ADDRESS 4155 E LA PALMA AVE #250 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ANAHEIM CA ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: Cecula Talliant CECILIA TALLIUMO 4.19.01 714.579.3900

changed, or on an attachment with an address, with all other like empowered.

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