2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jul 19, 2001 8:00 am DOCUMENT # 628082 **Secretary of State** 1. Entity Name 07-19-2001 90234 021 ***550.00 SEA WORLD SEAFOOD DISTRIBUTOR, INC. Mailing Address Principal Place of Business 1510 S.W. 3RD STREET 1510 S.W. 3RD STREET POMPANO BEACH FL 33069-3246 POMPANO BEACH FL 33069-3246 3. Mailing Address 3 155w 2. Principal Place of Business 345-5W 15 Everue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-1924028 Not Applicable USA \$8.75 Additional 5. Certificate of Status Desired 306 Fee Required 2000 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUFFINO, LAWERENCE Street Address (P.O. Box Number is Not Acceptable) 11168 NW 18 COURT **CORAL SPRINGS FL 33060** 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change TITLE TITLE ☐ Delete RUFFINO, PATRICIA NAME NAME STREET ADDRESS 11168 NW 18 CT STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE RUFFINO, LAWERENCE NAME NAME STREET ADDRESS 1168 N.W. 18 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33071** ☐ Change Addition --TITLE ☐ Delete~~ - ~ TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SPRAWREKEE TOFFINO 7-10-01-954-7957200
Date Dayline Phone #

FILED