FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am § Secretary of State **DOCUMENT # 757767** 1. Entity Name 04-29-2002 90003 030 ****61.25 SOUTH FLORIDA TROTTING CENTER, INC. Principal Place of Business Mailing Address 7563 STATE ROAD 7 1801 S. FEDERAL HWY LAKE WORTH FL 33467 SUITE 300 DELRAY BEACH FL 33483 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 59-2098051 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent ---~7.-Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CHERRY, ERIC 1801 S. FEDERAL HWY #300 Zip Code **DELRAY BEACH FL 33483** 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) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition NAME Daisey, Gene e NAME STREET ADDRESS 5505 FAIRWAY PARK DR #205 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** TITLE PD ☐ Delete TITLE Change Addition NAME CHERRY, ERIC NAME STREET ADDRESS 1801 S. FEDERAL HWY #300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY-BEACH-FL-33483 ---TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME CHERRY, VERONICA NAME STREET ADDRESS STREET ADDRESS 1801 S. FEDERAL HWY #300 CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** 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 TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

IS Ning does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director verse to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this indicated on this report or supplemental report is of the corporation or the receiver or trustee empty changed, or on an attachment with an address,

SIGNAT

4/14/02 (SG) 272-S667
Daytime Phone #