2000 UNIFORM BUSINESS REPORT (UBR)

A95000001480 DOCUMENT # FILED 1. Entity Name DOGFISH ENTERTAINMENT, LTD. 00 FEB 17 PM 2: 28 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 1551 SANDSPUR ROAD P.O. BOX 4961 OBLANDO FL 32802-4961 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address JANDSOUR KO 551 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3340372 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCLEOD: W-EDWARD-1551 SANDSPUR ROAD MAITLAND FL 32751 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) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$200,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. e/o. W. EDWARD Meleon CR2E003 (9/99) P95000070758 DOCUMENT# STREET ADDRESS SPRINGSHOT, INC. NAME 1551 SANDSPUR ROAD STREET ADDRESS CITY ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP V00164 DOCUMENT A STREET ADDRESS ROJESHVEST, INC. NAME 1551 SANDSPUR ROAD STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIF DOCUMENT# STREET ADDRESS NAME 200003156322- -03/03/00--01057--016 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY ST 7F DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STIPLET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 14. 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 undicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes **ROJESHVEST*, INC.**