2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2002 8:00 am Secretary of State **DOCUMENT #** F01000000259 1. Entity Name KMA MANAGEMENT, INC. 05-03-2002 90162 028 ***150.00 Principal Place of Business Mailing Address 2236 ENCINITAS BLVD., STE G 2236 ENCINITAS BLVD., STE G **ENCINITAS CA 92024 ENCINITAS CA 92024** 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 33-0684388 Not Applicable 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 MCCARDLE, L. BRUCE Street Address (P.O. Box Number is Not Acceptable) 12412 SAN JOSE BLVD., STE 102 JACKSONVILLE FL 32223 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 , D (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME WRIGHT, CAESAR NAME STREET ADDRESS 2236 ENCINITAS BLVD., STE G STREET ADDRESS CITY-ST-ZIP **ENCINITAS CA** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME BRANON, DIANE NAME STREET ADDRESS 2236 ENCINITAS BLVD., STE G STREET ADDRESS CITY-ST-ZIP **ENCINITAS CA** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME ---BRANON, MICHAEL ---NAME STREET ADDRESS 2236 ENCINITAS BLVD., STE G STREET ADDRESS CITY-ST-ZIP **ENCINITAS CA** CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

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