2003 FOR PROFIT CORPORATION

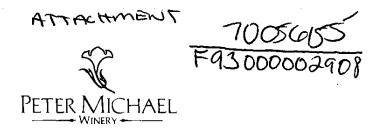
May 06, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** F93000002908 DOCUMENT # 05-06-2003 90021 044 ***150.00 1. Entity Name SUGARLOAF FARMING CORPORATION Principal Place of Business Mailing Address 12400 IDA CLAYTON ROAD 12400 IDA CLAYTON ROAD CALISTOGA CA 94515 CALISTOGA CA 94515 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 94-2847796 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired -6.-Name and Address of Current Registered Agent ---7. Name and Address of New Registered Agent MIELDS-PERRY, CONNIE Street Address (P.O. Box Number is Not Acceptable) **15941 SW 20TH STREET** MIRAMAR FL 33027 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE d or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, ☐ Delete TITLE Change Addition TITLE RODDE, SCOTT NAME NAME 1500 3RD ST., STE. D STREET ADDRESS STREET ADDRESS NAPA CA 94558 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition VYENIELO, WILLIAM NAME NAME STREET ADDRESS 5832 LA CUESTA DR. STREET ADDRESS CITY-ST-ZIP SANTA ROSA CA 95409 CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE ORRICK. HERRINGTON S NAME NAME 666 5TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10103** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacking of with an address, with air other like empowered.

SIGNATURE:

FILED

Daytime Phone #



April 15, 2003

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find our completed UBR Form for 2003 along with a check in the amount of \$150.00 for required filing fee.

Should you have any questions or require something further, please call me at (707) 894-0701 or email: cmtate@sonic.net

Sincerely,

Christina M. Tate

Christina M. Tate Compliance Consultant

/CT

Encls.