FILED Aug 15, 2000 8:00 am Secretary of State 08-15-2000 90014 035 ***15000 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F950000000 1. Entity Name -PADEED Mike Scipel's Barefoot International Training Confer, LTD Principal Place of Business Mailing Address 6160 N. SOTH-STREET S160 N. COTH STREET MILWAUKEE WY 53218 MILWAUKEE WI 53218 2. Principal Place of Business 506 South Crumy 520 South Country Club Drie DO NOT WRITE IN THIS SPACE 39 - 1445144 City & State 4. FEI Number Applied For ake worth Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 570 S. Country Club Pr Street Address (P.O. Box Number is Not Acceptable) 32405 Fahe Worth, FL SEIPEL, MIKE 3201-TUXEDO AVE WEST PALM BCH F 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. 9. This corporation is eligible to satisfy its Intengible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Deteta ☐ Addition me Change SEIPEL, MIKE NAME NAME 520 S. COUNTRY CLUB DR. CR2E034 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTIS FL 33462 CITY-SI-ZIP WC mŒ ☐ Delete nne ☐ Change Addition SEIPEL, JOHN NAME NAME STREET ADDRESS 307 CRESCENT LANE STREET ADDRESS CITY-ST-ZIP THENSVILLE WI CITY-S1-ZIP Delete TITLE ħ ☐ Addition TITLE ☐ Change SEIPEL: DON NAME NAME STREET ADDRESS W975 MIRAMAR DR STREET ADDRESS CITY-ST-ZIP MUKWONAGO WI CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAZZE STREET MODRESS STREET LINDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITD F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby cert fy 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 undor cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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 just empowered.

SIGNATURE:

Att achment 7000 CONTRACTOR 137

MIKE SEIPEL'S INTERNATIONAL TRAINING CENTER, INC. 520 SOUTH COUNTRY CLUB DRIVE LAKE WORTH, FL 33462 (561) 688-1408

July 27, 2000

Division of Corporations P. O. Box 1500 Florida Department of State Tailahassee, FL 32302-1500

Dear Sir or Madam:

Recently we received a second notice regarding an annual corporation report. We have no knowledge of a first notice being received. Had we received a first notice we would have promptly paid the filing fee. Please accept the \$150.00 filing fee enclosed and thank you for your understanding.

In addition, please note that you have an incorrect name and FEI Number in your system. We have manually corrected these items on the 2000 Uniform Business Report. Please correct your records accordingly.

Sincerely,

Mike Seinel President