FILED

## 2003 FOR PROFIT CORPORATION

## Apr 30, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 5 F95000005527 04-30-2003 90313 002 \*\*\*150.00 NEWGATE STUD FARM, INC. Principal Place of Business Mailing Address 300 W VINE ST 300 W VINE ST FLOOR 21 FLOOR 21 LEXINGTON KY 40507 LEXINGTON KY 40507 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 61-1091690 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable DATE (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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Director DITLE Delete TITLE Change X Addition Peter Hadson PENFOLD, ANTHONY L NAME NAME 300 W. Wine \$1, 5 5e, 2400 300 W VINE STREET FLOOR 21 STREET ADDRESS STREET ADDRESS Lexinston WY 40507 **LEXINGTON KY 40507** CITY-ST-ZIP CITY-ST-ZIF Diroctor / President TITLE ☐ Delete TITLE **™** Change Addition U. Hian T. Bighop Like NAME BISHOP, WILLIAM T III NAME gos bulline sty steralog 300 W VINE STREET FLOOR 21 STREET ADDRESS STREET ADDRESS Lexingon int 40507 **LEXINGTON KY 40507** CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE **∑** Change ☐ Addition Richard M. Dune NUNNELLEY, RICHARD A NAME NAME 300 CO. VINE St., Ste. 2000 300 W VINE STREET FLOOR 21 STREET ADDRESS STREET ADDRESS CITY-ST-7IP **LEXINGTON KY 40507** CITY-ST-ZIE Cozor you wok TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR