2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005617 May 10, 2000 8:00 am Secretary of State NATIONAL RACING PROMOTIONS, INC. 05-10-2000 90122 037 ***150.00 Mailing Address Principal Place of Business 7893 85TH LANE N. 7893 85TH LANE N. SEMINOLE FL 33777 SEMINOLE FL 33777-4236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3402866 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent --KIERWAN, EUGENE J Street Address (P.O. Box Number is Not Acceptable) 7893 85TH LANE N. SEMINOLE FL 33777 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Change ☐ Delete TITLE KIERNAN, EUGENE J NAME STREET ADDRESS STREET ADDRESS 7893 85TH LANE N. CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33777 Change Addition ☐ Delete TITLE TITLE OSOSKY, BERNARD H NAME STREET ADDRESS STREET ADDRESS 371 WESTFORD CIRCLE CITY-ST-ZIP .CITY-ST-ZIP PALM HARBOR FL 34683 Change ☐ Delete TITLÊ TITLE KIERNAN, BEVERLY NAME NAME STREET ADDRESS 7893 85TH LANE N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33777 Delete ☐ Addition TITLE ☐ Change TITLE OSOSKY, BRIAN J NAME NAME 13572 FEATHER SOUND CIRCLE W., APT. 1912 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **CLEARWATER FL 34622** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

SIGNATURE: