2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F98000000049 May 24, 2000 8:00 am Secretary of State INTERNATIONAL JET SPORTS BOATING ASSOCIATION, IN 05-24-2000 90059 043 ****61.25 Mailing Address Principal Place of Business 27142 BURBANK 27142 BURBANK FOOTHILL RANCH CA 92610-2503 FOOTHILL RANCH CA 92610 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State Applied For City & State 95-3773556 Not Applicable Zip 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 Name Street Address (P.O. Box Number is Not Acceptable) SILLS, PAUL M 1173 SPRING CENTRE SOUTH BLVD, SUITE C ALTAMONTE SPRINGS FL 32714 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition Delete TITLE NAME lonski, Henry NAME STREET ADDRESS STREET ADDRESS 730 E. STRAWBRIDGE AVE CITY-ST-7IP CITY-ST-ZIE MELBOURNE FL 32901 ☐ Addition Change TITLE VC. ☐ Delete TITLE NAME BEEHLER, BARRY NAME STREET ADDRESS STREET ADDRESS 9950 JERONIMO RD Irvine CITY-ST-ZIP CITY-ST-ZIP IRVING-CA 92718 TITLE **Change** ☐ Addition ☐ Delete TITLE NAME NAME-GILLOGLY, JAY STREET ADDRESS STREET ADDRESS 1239 E. WARNER AVE CITY-ST-ZIP CITY-ST-ZIP santa ana ca-92705° TITLE **X**Addition Delete TITLE nh Speaks 55 Katella Ave NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

IATURE: SIGNATURE OF SIGNING OFFICER OR DIRECTOR April 28 00 9495685860