2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9900001510 Apr 27, 2000 8:00 am Secretary of State 1. Entity Name PREMIERE RACING, INC. 04-27-2000 90001 022 ***150.00 Principal Place of Business Mailing Address 41 ELM STREET 41 ELM STREET MARBLEHEAD MA 01945 MARBLEHEAD MA 01945-3442 ՄՍՍՐԳԾԵՐ 2. Principal Place of Business 3. Mailing Address 7 B FRONT STREE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 04-3308572 1ARBCEHEAD MARBUEHEAD Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 1945 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TOPPA, MICHAEL C Street Address (P.O. Box Number is Not Acceptable) 100 SW 15TH STREET FT. LAUDERDALE FL 33315 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State - ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CRAIG, PETER NAME STREET ADDRESS STREET ADDRESS 41 ELM STREET CITY-ST-ZIP CITY-ST-ZIP MARBLEHEAD MA 01945 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this flying 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 appress, with allother like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE

TITLE NAME STREET ADDRESS

CITY-ST-71P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

٠.

☐ Delete

4/10/00

781-639-9575

☐ Change

Addition

Daytime Phone #