2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

DOCUMENT # G71551 Jan 13, 2000 8:00 am Secretary of State 1. Entity Name GALAXY MEDALS, INC. 01-13-2000 90004 040 ***150.00 Principal Place of Business Mailing Address 1125 WHITE DRIVE 1125 WHITE DRIVE TITUSVILLE FL 32780 TITUSVILLE FL 32780-9603 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2346234 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JANKOWSKI. PHYLLIS E. Street Address (P.O. Box Number is Not Acceptable) 1125 WHITE DRIVE TITUSVILLE FL 32780 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. 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Change ☐ Addition ☐ Delete TITLE JANKOWSKI, PHYLLIS E. NAME STREET ADDRESS 1125 WHITE DRIVE STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE SUMMERS, DAVID J. NAME STREET ADDRESS STREET ADDRESS 1125 WHITE DRIVE CITY-ST-ZIP" TITUSVILLE FL CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete SUMMERS, DUANE A. NAME NAME 1125 WHITE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL ☐ Change ☐ Addition TITLE TITLE □ Delete SKELDON, DENISE E. NAME NAME STREET ADDRESS STREET ADDRESS 1125 WHITE DRIVE CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete - ---NAMÉ L NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

401-269-0840