2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 20, 2000 8:00 am Secretary of State **DOCUMENT # J67921** OVIEDO TOWN HOUSE RESTAURANT, INC. 01-20-2000 90107 028 ***150.00 Principal Place of Business Mailing Address 9 EAST BROADWAY 9 EAST BROADWAY OVIEDO FL OVIEDO FL 32765-7529 605073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-2833014 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Reguired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAPPAS, CONSTANTINE Street Address (P.O. Box Number is Not Acceptable) 9 E. BROADWAY OVIEDO FL 32765 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 \$ NOTE: Registered Agent signature required when reinstating) DATE 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. \Box 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. **PVST** ☐ Change ☐ Addition TITLE Delete TITLE PAPPAS, CONSTANTINE NAME NAME STREET ADDRESS 9 E. BROADWAY STREET ADDRESS CITY-ST-ZIP OVIEDO FL 32765 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR