FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

## Apr 25, 2002 8:00 am Secretary of State DOCUMENT # L0000000471 1. Entity Name 04-25-2002 90003 031 \*\*\*\*50.00 MEGA LOOT, L.L.C. Principal Place of Business Mailing Address 1245 COURT STREET 1245 COURT STREET SUITE 102 SUITE 102 945321 CLEARWATER FL 33756 **CLEARWATER FL 33756** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3618955 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TISCHIO, ELLEN M Street Address (P.O. Box Number is Not Acceptable) 1245 COURT STREET SUITE 102 **CLEARWATER FL 33756** City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition NAME TATAROW, KEN NAME STREET ADDRESS 1245 COURT STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition 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 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE