2002 UNIFORM BUSINESS REPORT (UBR)

May 13, 2002 8:00 am Secretary of State DOCUMENT # L0000005427 1. Entity Name 05-13-2002 90205 036 ****50.00 BATTERS BOX, LLC Principal Place of Business Mailing Address 4850 WEST OAKLAND PARK BLVD 4850 WEST OAKLAND PARK BLVD **SUITE 118** SUITE 118 LAUDERDALE LAKES FL 33313 LAUDERDALE LAKES FL 33313 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 65-1022071 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 RIVARD, JENNIFER EPSTEIN ddress (P.O. Box Number is Not Acceptable) 4850 WEST OAKLAND PARK BLVD SUITE 118 LAUDERDALE LAKES FL 33313 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 MI EBSTEIN ered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RIVARD, JENNIFER EPSTEIN NAME STREET ADDRESS 4850 WEST OAKLAND PARK BLVD SUITE 118 STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES FL 33313 CITY-ST-ZIP MGR TITLE ☐ Delete ☐ Change ☐ Addition NAME EPSTEIN, LYNN K. STREET ADDRESS 4850 WEST OAKLAND PARK BLVD SUITE 118 STREET ADDRESS CITY-ST-7IP LAUDERDALE LAKES FL 33313 CITY-ST-ZIP TITLE MGR . Delete TITLE ☐ Change Addition NAME EPSTEIN, HERMAN M. NAME STREET ADÉLESS 4850 WEST OAKLAND PARK BLVD SUITE 118 STREET ADDRESS CITY-ST-LAUDERDALE LAKES FL 33313 CITY-ST-ZIP TITLE Delete TITLE Manager ☐ **G**ddition NAME EPSTEIN, Heather D 4850 West Oakland Particolal suite 118 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP anderdale Lakes, F1. TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

FILED