FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90761 002 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001304

1. Entity Name
MUNCH #1, LLC

30058693

Principal Place of Business	Mailing Address
16009 N FLORIDA AVE LUTZ, FL 33549	16009 N FLORIDA AVE LUTZ, FL 33549

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

[X] CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3717473 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WITTNER, JON 16009 N FLORIDA AVE LUTZ, FL 33549	Name: Richard A. Jacobson Street Address (P.O. Box Number is Not Acceptable): 501 E. Kennedy Blvd. Suite 1700 City: Tampa, FL Zip Code 33602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] RICHARD A. JACOBSON 4/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MASAOOD, HUMID 5407 SANDCRANE CT WESLEY CHAPEL, FL 33543 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Masaood, Humaid 16009 North Florida Avenue Lutz, FL 33549 [X] Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WITTNER, JON 814 BRANTENBURG WAY LUTZ, FL 33549 [X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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.

SIGNATURE: [signature] RICHARD A. JACOBSON, AUTH. REP. 4/7/03 813/222-1159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #