2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Signature and typed or printed name of signing officer of director

May 16, 2001 8:00 am Secretary of State **DOCÚMENT # L55240** 1. Entity Name 05-16-2001 90371 008 ***150.00 ACTION OUTFITTERS, INC. Principal Place of Business Mailing Address 1122 S WICKHAM RD 1122 S WICKHAM RD W MELBOURNE FL 32904 W MELBOURNE FL 32904 . 1881/1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2999120 Not Applicable Zip \$8.75 Additional Zip Country Country 5 Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAYWORTH, CHANEY & SINCLAIR, P.A. Street Address (P.O. Box Number is Not Acceptable) 200 S HARBOR CITY BOULEVARD SUITE 203 SPECTRUIM CENTRE MELBOURNE FL 32901 Zip Code City 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) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition ☐ Change ☐ Delete TITLE REYNOLDS, GENE B. NAME NAME STREET ADDRESS STREET ADDRESS 2600 PINEAPPLE AVE., #E-1 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL Change ☐ Addition TITLE D۷ ☐ Delete Stratton, Herbert JR. NAME STRATTON, HUBERT JR. NAME 855 LAKEWOOD CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME CAMPBELL, WAYNE NAME STREET ADDRESS STREET ADDRESS 3775 RIVERSIDE DRIVE CITY-ST-ZIP CITY-ST-7IF MELBOURNE FL Change ☐ Addition D ☐ Delete TITLE TITLE HAMPTON, DONALD NAME NAME 3635 AURORA RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32934 Change ☐ Addition ☐ Delete TITLE TITLE HANSON, BRUCE B NAME NAME 4300 COUNTRY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32934** Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

4/29/2001 321-725-0132