2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # L9900007905 1. Entity Name' MODRA, LLC | | | | SECRETARY OF STATE DIVISION OF CORPORATIONS 00 MAY 15 PM 2: 14 | | |
|--|--|-----------------------------------|--|---|--------------------------------|--|
| Principal Plac | e of Business | Mailing Address | , | - This PA 2 | 2: 14 | |
| 1591 E ATLANTIC BLVD 1591 E ATLANTIC BLVD | | • | \ \ | | | |
| 00112 200 | | SUITE 200 POMPANO BEACH FL 330 | 50-6748 | | | |
| A D C C C C C C C C C C | · · | 3. Mailing Address | | _ | | |
| 2. Principal Place of Business | | | | DO NOT WEITE IN THE COLOR | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | |
| City & State | | City & State | | 4. FEI Number NA | Ø\$plied F Not Applied | |
| Zip Country | | Zip Country | | 5. Certificate of Status Desired [| \$5.00 Additional Fee Required | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New Regis | tered Agent | |
| | , , | | Name | | | |
| CARTON MANAGEMENT, INC. | | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | |
| 1591 E ATLANTIC BLVD | | | | | · | |
| SUITE 200 | BEACH FL 33060 | | City | | Zip Code | |
| | | | City | | <u> </u> | |
| 8. The above | named entity submits this statement fo | r the purpose of changing its | registered office or regist | ered agent, or both, in the State of Florida. | | |
| SIGNATURE . | | | | _ | | |
| didNATONE . | Signature, typed or printed name of registered agent | and title if applicable. (NOTE | Registered Agent signature require | ed when reinstating) | DATE | |
| | | I | OW!!! FEE IS \$50.00 yable to Department | ーー・イン・イン・インしょ | \$8432- | |
| 9. | . MANAGING MEMB | ERS/MEMBERS | 10. | ADDITIONS/CHA | | |
| TITLE | MGR SMITH, SHARON | Deleta | TITLE | | Change 🗀 | |
| NAME 8TREET ADDRESS | THE VALLEY P.O. BOX 2 | | STREET ADDRESS | 20000329 | 58432 | |
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| NAME | | | NAME | | - | |
| STREET ADDRESS | · | | STREET ADDRESS | • | | |
| CITY-ST-ZIP | | this filing day the f | CITY-ST-ZIP | Continu 110 07(2)(i) Florida Ctatuta 1 funt | her certify that the hide | |
| indicated | certify that the information supplied with on this report is true and accurate and bility company or the receiver or truster | that my signature shall have t | the same legal effect as if | Section 119.07(3)(i), Florida Statutes. I furt I made under oath; that I am a managing apter 608, Florida Statutes. | member or manager of the | |

SICHAPLES SPORTS

F SIGNING MANAGING MEMBER OR MANAGER

959-943-149 Daytime Phone #