JUN-25-2002(TUE) 11:00 PEAK ATTRACTIONS (FAX 5/7

FILED
Aug 06, 2002 8:00 am
Secretary of State
05-22-2002 90275 018 ****55.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001277

1. Entity Name
PEAK AMUSEMENT, LLC ✓

Principal Place of Business	Mailing Address
468 YOLANDA AVE. #3 SANTA ROSA CA 95404	468 YOLANDA AVE. #3 SANTA ROSA CA 95404

[redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
468 Yolanda Ave	
Suite, Apt. #, etc. Suite #3	Suite, Apt. #, etc.
City & State Santa Rosa	City & State
Zip 95404 Country CA	Zip Country

4. FEI Number 68-0450499 ☐ 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
JOSE BEN ALVAREZ 8839 LATREL AVE. 3210 ORLANDO FL 32819	Name: Stephen Malley Street Address (P.O. Box Number is Not Acceptable) 3947 Promenade Sq. DR. #4072 City: Orlando FL Zip Code: 32837

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 _____ 7/29/02
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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HUTTON, JAMES 468 YOLANDA AVE., #3 SANTA ROSA CA 95404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM O'BRIEN, PATRICK 468 YOLANDA AVE., #3 SANTA ROSA CA 95404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SELIGA, DARREN 468 YOLANDA AVE., #3 SANTA ROSA CA 95404	☑ Delete leave it	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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E093 (9/01)

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: _____ 4/24/02 707-542-8799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #