

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91778 017 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #M94243 1. Entity Name PARK AVENUE MOTORSPORTS, INC.																											
Principal Place of Business 11 LIBBY LEE 200 S. PARK AVE. SANFORD, FL 32771		Mailing Address 11 LIBBY LEE P.O. BOX 1225 SANFORD, FL 32772 US																									
2. Principal Place of Business Dean Lea Suite, Apt. #, etc.		3. Mailing Address Dean Lea Suite, Apt. #, etc.																									
City & State Winter Park		City & State Winter Park																									
Zip 32792		Country Seminole																									
4. FEI Number 59-2901631		☐ CHECK HERE IF MAKING CHANGES Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent LIBBY, LEA 4578 TIGUA ISLAND CT WINTER PARK, FL 32792																									
7. Name and Address of New Registered Agent Name Dean Lea Street Address (P.O. Box Number is Not Acceptable) 4578 Tigua Island Ct. City Winter Park FL Zip Code 32792		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: <i>Dean Lea</i> DATE: 4-30-03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when necessary)																									
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE P NAME LEA, LIBBY STREET ADDRESS 4578 TIGUA ISLAND CT CITY-ST-ZIP WINTER PARK, FL 32792 </td> <td style="width: 50%; padding: 2px;"> ☒ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE VP NAME LEA, DEAN STREET ADDRESS 4578 TIGUA ISLAND CT CITY-ST-ZIP WINTER PARK, FL 32792 </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> </table>		TITLE P NAME LEA, LIBBY STREET ADDRESS 4578 TIGUA ISLAND CT CITY-ST-ZIP WINTER PARK, FL 32792	☒ Delete	TITLE VP NAME LEA, DEAN STREET ADDRESS 4578 TIGUA ISLAND CT CITY-ST-ZIP WINTER PARK, FL 32792	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
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12. 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																											
SIGNATURE: <i>Dean Lea</i> DEAN LEA		DATE: 4-30-03 478325240																									

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