2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2002 8:00 am Secretary of State DOCUMENT # M9900000615 1. Entity Name 01-31-2002 90081 026 ****50.00 LEISURETAINMENT.COM, LLC. Principal Place of Business Mailing Address 7300 W. CAMINO REAL, SUITE 115 7300 W. CAMINO REAL, SUITE 115 **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 71-0821863 Not Applicable Country 7in Country \$5.00 Additional 5. Certificate of Status Desired Fee Required __ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRING, MELANIE J Street Address (P.O. Box Number is Not Acceptable) 7300 W. CAMINO REAL, SUITE 115 **BOCA RATON FL 33433** City Zip Code 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00. Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE Delete TITLE ☐ Addition Change NAME GRING, MELANIE J NAME STREET ADDRESS 7300 W. CAMINO REAL, SUITE 115 STREET ADDRESS City-ST-ZiP CITY-ST-ZIP BOCA RATON FL 33433 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY_ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 emporered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE