2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am, Secretary of State DOCUMENT # N0000003236 1. Entity Name 05-17-2001 90401 018 ****61.25 FLORIDARACING.NET INC. Principal Place of Business Mailing Address 3901 IBIS DR. 3901 IBIS DR. 001200 ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable Country \$8.75 Additional Zjp Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BUTTAR, ZAHID A 3901 IBIS DR. ORLANDO FL 32803 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. 4/25/01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: **Department of State** Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. President Zahid A. Buttar 3901 IBIS DR. ☐ Addition Change D ☐ Delete TITLE TITLE BUTTAR, ZAHID A NAME NAME STREET ADDRESS STREET ADDRESS 3901 IBIS DR. Orlando, FL 32803 CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32803 ☐ Change ☐ Addition ☐ Delete TITLE REILLY, DAVE NAME NAME STREET ADDRESS STREET ADDRESS 2208 ALLEN LN: = CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 ☐ Addition Change ☐ Delete TITLE SALMONS, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 717 COACH LIGHT DR. CITY-ST-ZIP CITY-ST-ZIP FERN PARK FL 32730 Change ☐ Addition TITLE ☐ Delete TITLE DUXBURY, CRAIG NAME NAME STREET ADDRESS 1250 S. DENNING DR.,#213 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 617, 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:

MCNATAP SHEGUIRED

4/25/0

(407)896-7880

FILED