2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 05, 2003 8:00 am Secretary of State DOCUMENT # N0000006762 05-05-2003 91383 031 ****61.25 ECONOMIC FUN. INC. Principal Place of Business Mailing Address 5725 CORPORATE WAY, STE 206 5725 CORPORATE WAY, STE 206 W PALM BEACH FL 33407 W PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-1049368 Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required → 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KERR WARD, ZENORA Street Address (P.O. Box Number is Not Acceptable) 4312 HEATH CIR S W PALM BEACH FL 33407 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition KERR WARD, ZENORA NAME NAME 4312 HEALTH CIR S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL 33407 CITY-ST-ZIP ☐ Addition ☐ Delete Change CHESTNUT, CANTA Y STREET ADDRESS 571 W 36TH ST STREET ADDRESS CITY-ST-ZIP **RIVIERA BEACH FL 33404** CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition HARDNETT, ANGELA K NAME NAME STREET ADDRESS 1025 14TH ST. #6 STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL 33401 CITY-ST-ZIP ☐ Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 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:

FILED