2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # N37277** Jul 19, 2000 8:00 am 1. Entity Name **Secretary of State** THE CENTER FOR RECREATIONAL COMMUNICATION, INC. 07-19-2000 90021 002 ****61.25 Principal Place of Business Mailing Address 1150 LOUISIANA AVE-#648 1150 LOUISIANA AVE #6-B WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 30x 4 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2999862 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BEGALLA, JOSEPH Joseph Jr. 1150 LOUISIANA AVE #6-B NAShu A LAnc WINTER PARK FL 32789 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TCOB-☐ Change ☐ Addition TITLE TITLE BEGALLA, JOSEPH J. JA. NAME NAMÉ 1150 LOUISIANA AVE #6-B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-7IP ☐ Addition Change TITLE Delete TITLE CROSS, MILTON NAME NAME STREET ADDRESS STREET ADDRESS 7907 NASHUA LANE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32817 TCOB ☐ Addition TITLE Delete NAME GILLAM, LYNN A NAME 2358 Whitehall Orive Winter Park FL 32792 STREET ADDRESS 1150-LOUISIANA-AVE_#6-B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789. ☐ Delete TITLE TITI F Richard T. Swanson Highway 76, EAST. BOX 1864 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change TITLE

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

City-St-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Milton Cross

7/12/00

615-442 Cavime Phone #

Change

☐ Addition