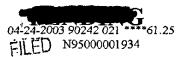
2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_



DOCUMENT # N9500001934 03 SEP 10 AM 11:01 THE IMPERIAL CLUB, INC. SECRETARY OF STATE
SECRETARY OF STATE
FLORIDA
FALLAHASSEF FLORIDA Mailing Address Principal Place of Business 1508 NW 24TH TER 1508 NW 24TH TER FT LAUDERDALE FL 33311 FT LAUDERDALE FL 33311 3. Mailing Address 2. Principal Place of Business CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 59-1408876 Applied For City & State City & State Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHARLIE DIXON City AU ORLDOLA 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 # £ \$5.00 May Be Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Florida Department of State 4 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Delete TITLE OMPSON, MATTHEW TITLE NAME THOMPSON, MATTHEW NAME 40 NW 14 6 STREET ADDRESS 2340 NW 14TH ST STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33311 CITY-ST-ZIP auderdal DIXON, CHARLIE Change Delete TITLE ☐ Addition TITLE CHARLEE NAME STREET ADDRESS STREET ADDRESS 1601 NW 28TH AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33311 ☐ Addition រិពិទ Delete SCOTT, MONROE NAME NAME SAIN, MONIADE TO COM 3541 NW 18TH COURT STREET ADDRESS STREET ADDRESS FT-LAUDERDALE FL-33311 CITY-ST: ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Celete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition TITLE ☐ Delete TITLE 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)(1). 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.

CHARLIE DIXON

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