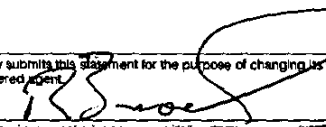


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000015290					
1. Entity Name WANTED DEAD OR ALIVE ANTIQUES, INC.					
Principal Place of Business 5018 SO. RIDGEWOOD AVE. PORT ORANGE, FL 32127			Mailing Address 5018 SO. RIDGEWOOD AVE. PORT ORANGE, FL 32127		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3637142				Applied For Not Applicable	
5. Certificate of Status Desired ☐				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROOKS, DAVID 6018 SO. RIDGEWOOD AVE. PORT ORANGE, FL 32127				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				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 				DATE 7/24/03	
Signature, typed or printed name of designated agent and date of appointment.				(NOTE: Registered Agent's signature required when withdrawing)	
9. Election Campaign Financing Trust Fund Contribution. ☐				5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	P	☐ Delete			
NAME	BROOKS, DAVID				
STREET ADDRESS	6018 SO. RIDGEWOOD AVE.				
CITY-ST-ZIP	PORT ORANGE, FL 32127				
TITLE	VPST	☒ Delete			
NAME	BROOKS, ROY				
STREET ADDRESS	102 TYNDALE ST				
CITY-ST-ZIP	ROSLINDALE, MA 02131				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
☐ Change ☐ Addition					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
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 paper 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addendum, with all other like empowered.					
SIGNATURE: 				DATE: 7/24/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

600022165336
08/08/03--01029--030 **150.00

CHECK HERE IF MAKING CHANGES

CPR0304 (10/02)

WANTED DEAD OR ALIVE ANTIQUES, INC.
5018 S. RIDGEWOOD AVENUE
PORT ORANGE, FL 32127

July 24, 2003

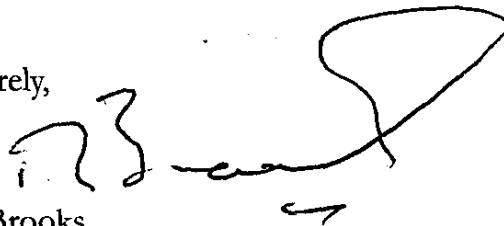
Florida Department of State
Division of Corporations
Attn: Mr. Sean Toner
P.O. Box 6327
Tallahassee, Florida 32399

Dear Mr. Sean Toner:

I have not received notices of the annual payment due for this year because of a problem with our mail system. Find enclosed my annual payment due for the year 2003 in the dollar amount of One Hundred and Fifty Dollars. Also, enclosed is the UBR(Uniform, Business Report) with the following change made and noted for myself: Mr. Roy Brooks - Title: Vice President and Secretary/Treasurer to be deleted.

If you need any additional information, contact my Secretary, Karen Emmerson at the address noted above.

Sincerely,

A handwritten signature in black ink, appearing to read 'Roy Brooks', with a large, stylized loop at the end.

Roy Brooks