2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2002 8:00 am Secretary of State P00000025007 DOCUMENT # 1. Entity Name RED EYE TROLLING LURES, INC. 05-08-2002 90044 033 ***150.00 Principal Place of Business Mailing Address 146 BOBWHITE RD. 146 BOBWHITE RD. ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-4351359 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HATCHER, MARTIN K Street Address (P.O. Box Number is Not Acceptable) 146 BOBWHITE RD. ROYAL PALM BEACH FL 33411 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition HATCHER, MARTIN NAME NAME 146 BOBWHITE RD. STREET ADDRESS STREET ADDRESS **ROYAL PALM BEACH FL 33411** CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TAFT, GLENN NAME NAME 146 BOBWHITE RD. STREET ADDRESS STREET ADDRESS ROYAL-PALM-BEACH_FL.33411= CITY-ST-ZIP--.CITY_ST_ZIP Delete TITLE ☐ Change ☐ Addition HATCHER, MARTIN NAME STREET ADDRESS 146 BOBWHITE ROAD STREET ADDRESS **ROYAL PALM BEACH FL 33411** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

13. Thereby 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 eath; 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 11 in Block 12 in

CITY-ST-ZIP

SIGNATURE: