FILED FOR PROFIT CORPORATION May 01, 2002 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 05-01-2002 91562 003 ***150.00 MOODV'S SUB SHOP INC. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 5201 North 34th STREET 3. Mailing Address 5201 North 34th STREET Suite Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE LAMPA FLORIDA City & State 4. FEI Number 59.3647802 City & State Applied For FLORIDA TAMPA. Not Applicable Zip33610 Country \$8.75 Additional 5. Certificate of Status Desired 33610 ÚSA USA Fee Required 7. Name and Address of Current Registered Agent BEN I Woodbury DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 5201 North 34th Gree IN THIS SPACE 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 MOOPDAL January 1: May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. Woodbury, Gregory A 5201 North 34th Street Tampa, FL 33610 TITLE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY ST 7IP CITY-ST-ZIP TITLE IIII F IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-7IP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: Gregory A. Woodbury July 4. Woodbury 4/15/260Z

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #

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 607, Florida Statutes; and that my name appears in Block 11 or on an