2001 UNIFORM BUSINESS REPORT (UBR)

May 04, 2001 8:00 am DOCUMENT # P0000047660 Secretary of State RED DRAGON SOCCER ACADEMY, INC. 05-04-2001 90153 029 ***150.00 Mailing Address Principal Place of Business 11195 ROSELAND RD 11195 ROSELAND RD SEBASTIAN FL 32958 SEBASTIAN FL 32958 3. Mailing Address 2. Principal Place of Business 1562 39th Ave. 1562 39th Ave. Box 10 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State Vero Beach, FL Zip Country Vero Beach 59-3648342 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEWIS, DYLAN Street Address (P.O. Box Number is Not Acceptable) 11195 ROSELAND RD SEBASTIAN FL 32958 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. (NOTF: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITUE TITLE ☐ Delete Lewis, Dylan Ave. NAME NAME STREET ADDRESS STREET ADDRESS Vero Beach, FL 32960 CITY-ST-ZIP CITY-ST-7iP Addition ☐ Deiete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CLTY-ST-ZiP CHTY-ST-ZIP ☐ Change Addition ☐ Delete TIFLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete 1979 F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete 7171.5 NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY - ST - Z:P Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-Z!P 13. I horeby certify that the information supplied with this filling 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, Fiorida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: Digital of the printed name of signing officer or pirector Signature and typed on printed name of signing officer or pirector