2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 14, 2002 8:00 am Secretary of State P00000051438 DOCUMENT # 1. Entity Name CLUB EPOCH, INC. 05-14-2002 90353 026 ***150.00 Principal Place of Business Mailing Address 623 DUVAL ST 623 DUVAL ST KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address 632 Qu 623 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Key 65-1011363 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3304 33*04*0 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COHEN, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 208 DUVAL ST KEY WEST FL 33040 City Zip Code FL 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 ☐ Addition COHEN, JOESPH NAME NAME STREET ADDRESS 208 DUVAL ST STREET ADDRESS CITY-ST-7IP KEY WEST FL 33040 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 suppliemental eport 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 true employee enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR