2004 FOR PROFIT CORPORATION

SIGNATURE:

Apr 30, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P00000053819** 04-30-2004 90283 022 ***150.00 1. Entity Name RIVIERA FITNESS CENTER OF FT. WALTON, INC. Principal Place of Business Mailing Address 94077179 **RIVIERA FITNESS CENTER** 99 EGLIN PKWY, STE 1-C FT.WALTON BEACH, FL 32548 4725 SOUTH HOLLADAY BLVD #220 SALT LAKE CITY, UT 84117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 62-1821992 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAGAS, JULIE Street Address (P.O. Box Number is Not Acceptable) 99 EGLIN PARKWAY #1C FORT WALTON BEACH, FL 32548 City Zin 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE_ DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \square Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRESIDENT Defete Addition TITLE TITLE RICE, REYNOLD T NAME NAME 4725 SO. HOLLADAY BLVD STE 220 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SALT6 LAKE CITY, UT 84117 CITY-ST-ZIP secretary/treasurer TIME Delete TITLE Change ☐ Addition RICE, SCOTT L NAME NAME STREET ADDRESS 4725 SO. HOLLADAY BLVD STE 220 STREET ADDRESS CITY-ST-ZIP SALT6 LAKE CITY, UT 84117 CITY-ST-ZIP president TITLE ☐ Delete TITLE M Change ☐ Addition DICKENS: MARK NAME NAME 6235 N. DAVIS HWY S-108 STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32504 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Defete vice president TITLE TITEE Robert it. Rice NAME NAME 4725 south Holladay Blvd. Ste 220 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAIT LAKE CITY, UT 84117 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ... Change ☐ Addition TITLE Delete r 15-1 NAME NAME . . . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby 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 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 address; 3 th all other like empowered.

FILED

Daytime Phone #