FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 30, 2003 8:00 am Secretary of State P00000106933 DOCUMENT # 04-30-2003 90319 023 ***150.00 1. Entity Name REPECHAGE DEVELOPMENT, INC. Principal Place of Business Mailing Address 3440 HOLLYWOOD -BLVD 3440 HOLLYWOOD COC STILLS SUITE-000 HOLLYWOOD PL 99921 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address 100 US I NOWTH ഗ്ര Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 762 Applied For 4. FEI Number City & State 65-1056786 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired U5A ひろみ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent me s ROUSSO, MARK E EGG Street Address (P.O. Box Number is Not 3449 HOLLYWOOD BLVD... STE 360 000 HOLLYWOOD FL 33021 u pittler 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 100 SIGNATUE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** Change CR2E034 (10/02) TITLE TITLE ☐ Addition ☐ Delete US 1 Novem #762 HALL, JAMES W NAME NAME 3440 HOLLYWOOD BLVD. SUITE 880 STREET ADDRESS STREET ADDRESS ter, EL 33477 HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition HALL, JAMES W NAME NAME 3440 HOLLYWOOD BLVD.: SUITE 360 STREET ADDRESS STREET ADDRESS EL 33477 HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I 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 truetge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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