2001 UNIFORM BUSINESS REPORT (UBR) FILED May 15, 2001 8:00 am Secretary of State DOCUMENT # P00000108027 1. Entity Name THE BLACK APPLE, INC. 05-15-2001 90037 042 ***150.00 Principal Place of Business Mailing Address 961 VIŞTAVIA WAY 961 VISTAVIA WAY GULF BREEZE FL 32561 GULF BREEZE FL 32561 975159 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country 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 FERGUSON, MICHAEL L Street Address (P.O. Box Number is Not Acceptable) 4300 BAYOU BOULEVARD SUITE 13 PENSACOLA FL 32503 City Zip Code

SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible

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.

Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

FL

11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete FATTAHI, ROBERT B 961 VISTAVIA WAY GULF BREEZE FL 32561	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete KRUEGER, KURT A 11 SUGAR BOWL LANE PENSACOLA BEACH FL 32561	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	☐ Change ☐ Addition

13. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with attather like empowered.

CR2E034 (10/00)