2002 UNIFORM BUSINESS REPORT (UBR)

May 21, 2002 8:00 am Secretary of State P00000111733 DOCUMENT # 1. Entity Name 05-21-2002 91159 008 ***150.00 ODDTRACK, INC. Mailing Address Principal Place of Business 3 4 0 8 *** RESERVE DR RESERVE DR ATLANTA GA 30319 ATLANTA GA 30319 2. Principal Place of Business 3. Mailing Address ROSUNE 3408 340B RESERVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 58-2583613 4+1 AW +A Not Applicable 4+1421+4 **\$8.75** Additional 5. Certificate of Status Desired 35319 30319 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ... UNDERWOOD; ALAN W Street Address (P.O. Box Number is Not Acceptable) 129 NORTH MAIN STREET BROOKSVILLE FL 34605-1478 Zip Code City 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) 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, 2002 Fee will be \$550.00 🌣 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Delete TITLE **Change** TITLE UNDERWOOD, TYRUS NAME UNDERWOOD, TYRUS NAME 3408 RESERVE DR. STREET ADDRESS STREET ADDRESS 311 RESERVE DR., NW CITY-ST-ZIP CITY-ST-7IP ATLANTA GA 30319 AHAWA, GA 30319 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change --- - Addition-TITLE TO SEC TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 all other like empowered.

FILED