2003 FOR PROFIT CORPORATION

FILED Mar 26, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P01000036255 DOCUMENT # 1. Entity Name 03-26-2003 90179 019 ***150.00 BARNAT RACING STABLE, INC. Principal Place of Business Mailing Address 2400 EAST LAS OLAS 2400 EAST LAS OLAS #126 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 US 3. Mailing Address 2. Principal Place of Business P.O. BOX # 3703 P. O. BOX Suite, Apt. #, etc. CHECK HERE-IF: MAKING CHANGES -----Applied For City & State City & State 4. FEI Number 65-1095359 RANCHO SANTA FE, CA RANCHO SANTA FE, CA Not Applicable Country \$8.75 Additional ^{๕๏}วดธา 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NATHENSON, JAMES 2400, EAST LAS OLAS BLVD. #126 FORT LAUDERDALE FL 33301 BOCA RATON his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept 8. The above named entity submits ns of registere the oblide SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE NATHENSON, JAMES P.O. BOX # 3703 NAME NATHENSON, JAMES NAME STREET ADDRESS 2400 EAST LAS OLAS BLVD. #126 STREET ADDRESS RANCHO SANTA FE, CA 9206 FORT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete NAME : BARATZ, LARRY. STREET ADDRESS STREET ADDRESS 5884 NW 35 WAY CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 the 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, with all other like ex-

SIGNATURE:

CITY-ST-ZIP

O II