2003 FOR PROFIT CORPORATION

May 05, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR** P01000106390 DOCUMENT # 05-05-2003 91768 024 ***150.00 1. Entity Name BATTLEWAGON BOATS, INC. Principal Place of Businese 1515 SE 1711 81. STE. A-131 Mailing Addres 1515 SE 17TH SP. STE. A-131 FT_LAUDERDALE FL 33816 EF. LAUDERDALE FL 33316 2. Principal i 3. Mailing Address Suite, Apt CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 65-1153411 Not Applicable Zip 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 ENNIS, EDWARD E JR Street Address (P.O. Box Number is Not Acceptable) 4515 SE 17TH ST., 8TE. A-131 FI_LAUDERDALE_FL_33316 2 hans City Ft. Laydordale registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose the obligations of registre SIGNATURE 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 Fayable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Addition ☐ Delete ENNIS, EDWARD E JR NAME NAME STREET ADDRESS STREET ADDRESS ET. LAUDERDALE FL 33316 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY:ST-ZIP. CITY-ST-ZIP TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an addre

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 feport 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

FILED