2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0200008638

FILED Jun 30, 2003 8:00 am Secretary of State 05-05-2003 91837 012 ***150.00

1. Entity Name CHAMPION OFFSHORE RACING, INC.														
Principal Place of Business 1100 NORTH OLIVE AVE. WEST PALM BEACH FL 33401		1100	Mailing Address 1100 NORTH OLIVE AVE. WEST PALM BEACH FL 33401			55050266								
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a Fillicipal F	(SCO OI DOSINGSS	J. Wid	3. Mailing Address											
Suite, Apt.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES							
City & Stat	e	City	City & State				FEI Number 1 - 0613464		_	oplied For ot Applicable	,-			
Zìp	Country	Zip		try	5. Certificate of Status Desired S8.75 Additional Fee Required				1					
6. Name and Address of Current Registered Agent					Name	7,	Name and Address of New Registers	d Agent			7			
WILLBUR, DEAN L JR.							*				_			
	TH OLIVE AVE.				Street Address (P.O. I	Box Number is Not Acceptable)			· .				
WEST PALM BEACH FL 33401										:	7			
					City		F	L Z	ip Cod	le .	1			
	named entity submits this statementions of registered agent.	t for the purp	ose of changing its re	egistere	L ed office or register	ed ag	gent, or both, in the State of Florida. I a		r with,	and accept	1			
SIGNATURE Signature, typed or primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE														
'		ent and title if app	ecable. (NOTE:	Registered	Agent signature required	when	reinstating) DATI	-			-			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financing Trust Fund Contribution.			May Be to Fees				
10.	OFFICERS A		RS	11.		Al	DDITIONS/CHANGES TO OFFICERS A	NO DIRE	CTOR	S IN 11]_			
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CHY-ST-ZIP	entify that the information eventied is	eith this Olina	done not publify to: "		ST-ZIP	uioo	110 07(2Vi) Elorida Sentido 1 furber o	notific the	t sha i-	· ·	}			
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 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 this receiver or trustee empowered to secure this 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 empowered.														
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