2004 FOR PROFIT CORPORATION

FILED May 19, 2004 8:00 am Secretary of State 04-29-2004 90291 030 ***158.75

| 1. Entity Name | MENT # P02000029 BINAL CUPCAKE SHOT DE | | | | | | 00H | 2.0 | |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------|------------------------------------------|---------------------------------------|----------------------------|---------------------------|---------------------------------------|-----------------------------|
| Principal Place 1437 WHOOP GROVELAND, | PING DRIVE | Mailing Address 1437 WHOOPING DRIV GROVELAND, FL 3473 | | | \$ FEMALES AND | s sumi litil thin hun; sah | 227 | 8178 8 1171 8 2 161 488 | Riaeri (J. 1851) |
| 2. Principal Pla | ace of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. # | , etc. | Suite, Apt. #, etc. | | | 04242004 | Chg-P | CR2E | 34 (10/03) | |
| City & State | | City & State | | | 4. FEI Numb 03-043 | | | | oplied For ot Applicable |
| Zip | Country | Zip | Count | Iry | 5. Certificate | of Status Desired | R | \$8.75 Add Fee Required | litional d |
| | 6. Name and Address of Current | Registered Agent | - | Nаme | 7. Name and | Address of New R | ogistered | Agent | والمتعددي |
| 1437 WHO | DEBORAH OPING DR ND, FL 34736 | • • • • | | Street Address | (P.O. Bax Numb | er is Not Acceptable |) | | |
| | and the second | | | City | | | FL | Zip Cod | 0 |
| the obligation | named entity submits this statement fo ons of registered agent. | | | ed office or registe | | oth, in the State of Flo | orida. I am | femiliar with, | and eccept |
| | E NOWIII FEE 18:\$150.00 by 1, 2004 Fee will be \$550.0 | | | □ Ãã | 5.00 May Be ded to Fees | /CHANGES TO OFF | ICEBS AND | | C IN 11 |
| TITLE | VP / | Detele Detel | TITLE | | 10/ | President | / | Change | Addition. |
| NAME STREET ADDRESS CITY-ST-ZIP | CURRIER, JR, JEFF 1437 WHOOPING DRIVE GROVELAND, FL 34736 | | | E C ET ADORESS 14. | OFFICE | pesola Desola | rive | <i>U 7</i> 0 | / |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Oelete | | | GIOVEZ | 150 J.F | 2_3 | ☐ Change | Addition |
| TITLE NAME | | ☐ Delete | TITLE | | | | | Change | Addition |
| STREET ADDRESS City - St - 2/P | | | | ET ADDRESS -ST-ZIP | | | | | * |
| TITLE NAME STREET ADDRESS | | Oeleta | TITLE NAMI STRE | ` 1 | | | | Change | ☐ Addition |
| CITY-ST-ZIP TITLE | | ☐ Dalate | TITLE | ļ | | | | Change | Addition |
| NAME STREET AGORESS CITY-ST-ZIP | , | | STRE | ET ADDRESS - ST- ZIP | | | | | |
| TITLE NAME STREET ADDRESS | | ☐ Deleta | | E Et adoress | | | | ☐ Change | Addition . |
| indicated of the con | certify that the information supplied with on this report or supplemental report is poration of the receiver of trustee empror on an attachment with an address. | rue and accurate and that i wered to execute this report | r the exemy signal | ture shall have the red by Chapter 60 | same legal effe 07, Florida Statut | ict as il made under i | oath; that i e appears | am an officer in Block 10 o | r or director |

| ROCUMEN i. Entry Name THE ORIGINAL | CUPCAKE SHOT DE | 00029607 RINK COMPANY | | Ambust 1006 pd 158.75 |
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| Principal Place of Bus ATTN: DEBBLE CURRII 1437 WHOOPING DR GROVELAND FL 34736 | | Mailing Address ATTN: DEBBIE CURRIER 1437 WHOOPING DR GROVELAND FL 34736 | · | 6642273 |
| 2. Principal Place of E 1437 Whee Suite, Apt. #, etc. | | 3. Mailing Address 1432 Whospid Suite, Apt. #, etc. | ing Drive | CHECK HERE IF MAKING CHANGES |
| City & State Crovelan Zip 2472/ | d Fl Country | City & State GINVLAND Zip 2472/ | Country | 4. FEI Number Applied For Not Applied For Not Applicab 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| 1437 WHOOPING GROVELAND FL (| | | 0.1 | |
| 8. The above named the obligations of re | | for the purpose of changing it | City s registered office or | FL Zip Code a or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| the obligations of re | pegistered agent. Deput philipid name of registered agent WITESFEE-USX 150.00 | Trans-silla_if applicable. (NO | s registered office or | a or registered agent, or both, in the State of Florida. 1 am (amiliar with, and accept gnature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be |
| the obligations of residence of the obligations of the obligat | egistered agent. | Time with it applicable. (NO | s registered office or | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Vice President Campaign Financing Added to Fees Added To Change Additional Change Chang |
| SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE CENTRAL SIGNATURE ASIGNATURE | pegistered agent. Description of registered agent Witt SEEE 1533150 09 2603 Feet will be \$550.00 16 to Florida Department OFFICERS AND ER, DEBORAH | of State D DIRECTORS | S registered office on TE. Propistered Agent signan 11. TITLE NAME STREET ADDRESS CITY SY ZIP TITLE NAME STREET ADDRESS | 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VICE President Currier TR 1437 Wheeping Prive Groveland, FL 34736 Change Addition |
| THE Obligations of residence of | pegistered agent. Description of registered agent Witt SEEE 1533150 00 2603 Feet will be \$550.00 16 to Florida Department OFFICERS AND ER, DEBORAH WHOOPING DRIVE | of State D DIRECTORS | S registered office on TE. Registered Agent signan TE. Reg | gnature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Vice President Currier TR SS 1437 Whooping Drive Groveland, FL 34736 Change Additions |
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| SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE CENTRAL SIGNATURE SIGNATURE ASIGNATURE | pegistered agent. Description of registered agent Witt SEEE 1533150 00 2603 Feet will be \$550.00 16 to Florida Department OFFICERS AND ER, DEBORAH WHOOPING DRIVE | Of State D DIRECTORS Delete Delete | S registered office of TEL Propostered Agent signal TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | a or registered agent, or both, in the State of Florida. I am familiar with, and accept grature required when reinstating) 9. Election Campaign Financing |