AMENDED ANNUAL REPORT

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 DEC -8 AM 9:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000036089

1. Entity Name

NITTANY LION ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7211 N Dale Mabry Highway	7211 N Dale Mabry Highway
Suite, Apt. #, etc.: Suite 215	Suite, Apt. #, etc.: Suite 215
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33556 Country: USA	Zip: 33556 Country: USA

4. FEI Number 35-2165364 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: Mike Esposito

Street Address (P.O. Box Number is Not Acceptable): 1580 Wells Road, Suite 13

City: Orange Park FL Zip Code: 32073

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Mike Esposito DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P NAME James T. Harris STREET ADDRESS 921 E Main Street CITY-ST-ZIP Chattanooga, TN 37408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200025327502 12/08/03--01068--002 **61.25
TITLE S/T NAME Tamara Frizzell STREET ADDRESS 921 E Main Street CITY-ST-ZIP Chattanooga, TN 37408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Tamara H. Frizzell Tamara H Frizzell 12/1/03 423.624.9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #