2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 22, 2004 8:00 am Secretary of State DOCUMENT # P02000085998 1. Entity Name 04-22-2004 90086 018 ***150.00 GUMBALL KING, INC. Principal Place of Business Mailing Address 2900 NE 30TH ST STE 6 M FT LAUDERDALE FL 33306 2900 NE 30TH ST STE 6 M 44000000 FT LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 42-1548001 Not Applicable Zip Country 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 BROWN, JEFF Street Address (P.O. Box Number is Not Acceptable) 2900 NE 30TH ST STE 6 M FT LAUDERDALE FL 33306 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 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 10. 11. DPS TITLE ☐ Delete TITLE ☐ Addition BROWN, JEFF NAME NAME 2900 NE 30TH ST STE 6 M STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33306 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition MARKE MADAR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE The Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP 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 supplied ental 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 changed, or on an attachment with an adviress, with all other like empowered.

FILED

Daytime Phone