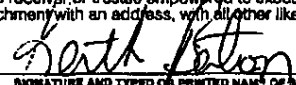


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

06-29-2004 90002 010 ***550.00

6/2!

DOCUMENT # P03000055611			
1. Entity Name VIP SPORTS BAR, INC.			
Principal Place of Business % DILLARD 221 SOUTHERN MAGNOLIA LANE SANFORD, FL 32771		Mailing Address % DILLARD 221 SOUTHERN MAGNOLIA LANE SANFORD, FL 32771	
2. Principal Place of Business		3. Mailing Address 2491 S. Park Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Sanford FLORIDA	
Zip	Country	Zip	Country
32771	U.S.A.		
4. FEI Number 16-1669261		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DILLARD, VINCENT 211 SOUTHERN MAGNOLIA LANE SANFORD, FL 32771		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. PREVIOUS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vincent Dillard President 221 Southern Magnolia Lane Sanford, FL 32771 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Willie M. FRANKLIN ☐ Change ☒ Addition P.O. Box 285 SANFORD FL 32772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Willie Rumph Sec/Treas 1417 Mara Court Sanford, Florida 32771 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Keith Benton, President ☐ Change ☐ Addition 494 mile Post Ct Lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 807, 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.			
SIGNATURE: 		6/15/04 4073217077	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	