

P03000110440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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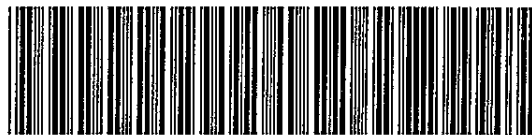
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: XTREME PAINT BALL, INC.
(Name of corporation)

DOCUMENT NUMBER: P030001100440

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Noel Davis

(Name of person)

19351 SW 14th Street

Pembroke Pines, FL 33029
(Name of firm/company)

(Address)

(City/state and zip code)

For further information concerning this matter, please call:

(Name of person) _____ at (_____) _____
(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, FLORIDA Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: XTREME PAINT BALL, INC.
2. The principal office address: Suite 604, 1000 Island Boulevard,
Aventura, FL 33160
3. The mailing address (if different): c/o NOEL DAVIS
19351 SW 14th Street, Pembroke Pines, FL 33029
4. Date of incorporation/qualification: 10/03/03 Document number: P03000110440
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
CAROL BERG
Suite 604
1000 Island Boulevard, Aventura, FL 33160
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
NOEL DAVIS
19351 SW 14th Street
Pembroke Pines, FL 33029
- (P.O. Box or personal mailbox NOT acceptable)
- SECRETARY OF STATE
TALLAHASSEE, FLORIDA


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

NOEL DAVIS
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

February 17, 2004
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** * * FILING FEE: \$35.00 * * ***

MAIL TO: MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314