2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000076777

Entity Name: GOLDEN KNIGHTS GIRLS BASKETBALL INC

FILED Oct 06, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Current Principal Place of Business: New Principal Place of Business:

13817 VALLEYBROOKE LANE 519 RACHAEL CT. ORLANDO, FL 32826 OVIEDO, FL 32765 US

Current Mailing Address: New Mailing Address:

13817 VALLEYBROOKE LANE 519 RACHAEL CT. OVIEDO, FL 32765 ORLANDO, FL 32826 US

FEI Number: 20-1123376 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STRIEGLER, GAIL D STRIEGLER, GAIL D 13817 VALLEYBROOKE LANE 519 RACHAEL CT. ORLANDO, FL 32826 OVIEDO, FL 32765 US

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.

SIGNATURE: GAIL STRIEGLER 10/06/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete Title: STRIEGLER, GAIL D Name: Name:

STRIEGLER, GAIL D 13817 VALLEYBROOKE LANE Address: 519 RACHAEL CT. Address: City-St-Zip: ORLANDO, FL 32826 US City-St-Zip: OVIEDO, FL 32765 US

() Delete Title: VΡ Title: VΡ (X) Change () Addition SCHNEIDER, JEN BRADLEY, LAUREN Name: Name:

2609 HARGILL DR Address: 721 HEATHER GLEN CIRCLE Address: ORLANDO, FL 32806 US LAKE MARY, FL 32746 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: LAUREN BRADLEY 10/06/2006