FILED Jan 20, 2004 8:00 am Secretary of State

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DOCUMENT # P30349 01-20-2004 90062 021 ***158.75 BYRON VINEYARD & WINERY, INC. Principal Place of Business Mailing Address 24002130 7801 ST. HELENA HWY. 7801 ST. HELENA HWY. ATTN: JOE DI VINCENZO ATTN: JOE DI VINCENZO OAKVILLE, CA 94562 OAKVILLE, CA 94562 2. Principal Place of Business 7801 St. Helena Highway P.O. Box 106 Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 Chg-P CR2E034 (10/03) Attn: William Petersen Attn: William Petersen City & State 4. FEI Number Applied For Oakville, CA **^** 94-3036477 <u>Oakville, CA</u> Not Applicable Country Country \$8.75 Additional 94562 5. Certificate of Status Desired 94562 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOND, WILLIAM J .- - - -Street Address (P.O. Box Number is Not Acceptable) 12018 DUNMORE CT. ORLANDO, FL 32821 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9: Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 . Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. • · OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE ☐ Change ☐ Addition NAME EVANS, GREGORY M. NAME STREET ADDRESS 3150 BROWNS VALLEY RD. STREET ADDRESS CITY-ST-7IP NAPA, CA CITY-ST-7IP Delete TITE F TITLE ☐ Change Addition NAME GARASSINO, RAYMOND L. JR NAME 1455 S. WHITEHALL LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. HELENA, CA CITY-ST-ZIP DCOC TITLE ☐ Delete ☐ Change Addition MONDAVI, R. MICHAEL NAME NAME STREET ADDRESS 5593 SILVERADO TRAIL STREET ADDRESS NAPA, CA CITY-ST-ZIP CITY-ST-ZIP TITLE DCEO ☐ Detete TITLE Change ■ Addition MONDAVI, TIMOTHY J. NAME NAME STREET ADDRESS 5645 SILVERADO TRAIL STREET ADDRESS CITY - ST - 712 NAPA, CA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MONDAVI-BORGER, MARCIA NAME NAME STREET ADORESS 130 EAST END AVENUE STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10028 CITY - ST- 7IP TITLE Delete TITLE Addition ☐ Change NAME PETERSEN, WILLIAM NAME STREET ADDRESS 603 ANACAPA I N STREET ADDRESS FOSTER CITY, CA 94404 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 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 fustee 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 address, with all other like or powered. (707) 251-4551 SIGNATURE: MAICHATERS HOUTY ED BEREILE SHEWE OF SIGNING OFFICER OR DIRECTOR