2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # P30923** 1. Entity Name MEDIEVAL TIMES MANAGEMENT, INC. Mailing Address Principal Place of Business A BEACH BLVD 7662 BEACH BLVD BUENA PARK CA 90620-1838 == PARK CA 90620-1838 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State. City & State Country Zip Country 6. Name and Address of Current Registered Agent Name CHIUSOLO, ERIC Street Address (P. 1-2277 4510 W. IRLO BRONSON MEM HWY KISSIMMEE FL 32742

FILED Apr 28, 2000 8:00 am Secretary of State

MEDIEVAL TIMES MANAGEMENT, INC.					04-28-2000 90134 019 ***150.00			
Principal Place of Business Mailing Address				`.				
BEACH BLVD PARK CA 90620-1838		7662 BEACH BLVD BUENA PARK CA 90620-1838			WAAAAA			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	33-003310		oplied For ot Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	S8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New R	egistered Agent		
			Nam	e				
CHIUSOLO, ERIC 4510 W. IRLO BRONSON MEM HWY		1-	Stree	Street Address (P.O. Box Number is Not Acceptable)				
	SIMMEE FL 32742	, 9 ⁹⁷						
		1.997	City			FL Zip Code	e	
8. The above	e named entity submits this statement fo	r the purpose of changing its	s registered offic	e or registered a	gent, or both, in the State of Flo	rida.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent s	ignature required when	reinstating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS 150.00 After MAY 1, 2000 Fee will be \$550. Make Check Payable to Department of		\$550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
11.	OFFICERS AND		12.		DDITIONS/CHANGES TO OFF	CERS AND DIRECTOR	S IN 11	
TITLE	DP	☐ Delete	TITLE :			☐ Change	☐ Addition	
NAME	KIM, KENNETH H.		NAME					
STREET ADDRESS	7662 BEACH BLVD		STREET ADDRE	ESS				
CITY-ST-ZIP	BUENA PARK CA 90622		CITY-ST-ZIP					
TITLE	XV.	☐ Delete	TITLE	<u></u>		Change	☐ Addition	
NAME	TEJEDOR, JOSE		NAME STREET ADDRE	:00				
STREET ADDRESS CITY-ST-ZIP	149 POLITA AVE		CITY-ST-ZIP	.33				
TITLE	LYNDHURST NJ 07071 AVTS	Delete	TITLE	V,T,5	· •	☐ Change	☐ Addition	
NAME	CHIUSOLO, ERIC	☐ Delete	NAME	,,,,			_	
STREET ADDRESS	7662 BEACH BLVD		STREET ADDRE	:SS				
CITY-ST-ZIP	BUENA PARK CA 90622		CITY-ST-ZIP				_	
TITLE	C	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	MONTANER, PEDRO		NAME					
STREET ADDRESS	7662 BEACH BLVD		STREET ADDRE	SS			ľ	
CITY-ST-ZiP	BUENA PARK CA 90620-1838					Change	Addition	
TITLE	D CANTANDOCKI MADTINI	☐ Delete	NAME				☐ Addition	
NAME STREET ADDRESS	SANTANDREU, MARTIN 7662 BEACH BLVD		STREET ADDRE	ess l				
CITY-ST-ZIP	BUENA PARK CA 90620-1838		CITY-ST-ZIP					
TITLE	XV	☐ Delete	TITLE	V		☐ Change	☐ Addition	
NAME	ALCINA, ANTONIO		NAME]		_ ,		
STREET ADDRESS	7662 BEACH BLVD		STREET ADDRE	SS				
CITY OF TIP			CITY CT. 7(D					

13. I hereby certify that the information supplied with this filing sloes 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 may signature shall have the same legal effect as if made under oath; that I am an officer or director sy signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an a

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

BUENA PARK CA 90622

SIGNATURE AND TYPED OF

ERIC CHIUSOLO