SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.
AMOUNT DUE ON OR BEFORE 8/19/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

APPROVED AND FILED

94 AUG 11 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000054588 (7)

1. Corporation Name
ROVI RACING, INCORPORATED

Mailing Address
~~20 WILD OLIVE CT~~
~~HOMOSASSA FL 34446~~

Principal Place of Business
~~20 WILD OLIVE CT~~
~~HOMOSASSA FL 34446~~

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address	2a. Principal Place of Business
21 1106 COMMERCIAL WAY	26 1106 COMMERCIAL WAY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SPRING HILL. FL.	City & State 28 SPRING HILL. FL.
Zip 24 34606 / Country 25 USA	Zip 29 34606 / Country 30 USA

3. Date Incorporated or Qualified: 07/30/1993
3a. Date of Last Report:
4. FEI Number: 59-317-8257 — Applied For ☐ / Not Applicable ☐
5. Certificate of Status Desired: $8.75 Additional Fee Required ☐
6. File for Corporate Financing Trust Fund Certification ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOLTON HARRY J
217 N ROBIN HOOD RD
INVERNESS FL 34450

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0505, Florida Statutes.

SIGNATURE ______________________ DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS	
1.1 TITLE	D	1.1 TITLE	
1.2 NAME	WIGHAM IVOR L	1.2 NAME	
1.3 STREET ADDRESS	20 WILD OLIVE CT	1.3 STREET ADDRESS	
1.4 CITY ST ZIP	HOMOSASSA FL 34446	1.4 CITY ST ZIP	
2.1 TITLE	D	2.1 TITLE	
2.2 NAME	WIGHAM ANITA	2.2 NAME	
2.3 STREET ADDRESS	20 WILD OLIVE CT	2.3 STREET ADDRESS	
2.4 CITY ST ZIP	HOMOSASSA FL 34446	2.4 CITY ST ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY ST ZIP		3.4 CITY ST ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY ST ZIP		4.4 CITY ST ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY ST ZIP		5.4 CITY ST ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A. Wigham — 8th Aug '94 904.683 3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. WIGHAM