2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000058045 May 15, 2000 8:00 am Secretary of State SPORTS SERVICES INTERNATIONAL, INC. 05-15-2000 90243 033 ***158.75 Principal Place of Business Mailing Address 8680 N. ATLANTIC AVENUE 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920-3428 CAPE CANAVERAL FL 32920 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3193185 Not Applicable Country \$8.75 Additional Ζiρ 5. Certificate of Status Desired ∇x Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STOTTLER, RICHARD H. JR. Street Address (P.O. Box Number is Not Acceptable) 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 Zip Code FL 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 Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PD ☐ Delete TITLE TITLE MALONE, GILES NAME NAME STREET ADDRESS 500 FRIDAY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA FL ☐ Delete Change Addition VSTD TITLE TITLE STOTTLER, RICHARD H JR NAME NAME STREET ADDRESS STREET ADDRESS 8680 N. ATLANTIC AVENUE CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERAL FL ☐ Change ■ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 trustee empowered to execute this report as 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 address, with all other like empowered.

TURE: Richard H. Stottler, Jr., V. Pres. 4/17/00 321-783-1320