DOCUMENT # P93000059478

1. Entity Name

ALBRITTON RACING, INC.

Principal Place of Business

Mailing Address

8602 TEMPLE TERRACE HIGHWAY SUITE C-41

2. Principal Place of Business

ALBRITTON, HENRY

TAMPA FL 33637

'9313"ALANBROOK'STREET 1

9313 ALANBROOK STREET TAMPA FL 33637

TAMPA FL 33637

3. Mailing Address

City & State

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

6. Name and Address of Current Registered Agent

Country

Zip

Country

Name

(NOTE: Registered Agent signature required when reinstating)

5. Certificate of Status Desired

4. FEI Number

7. Name and Address of New Registered Agent

Fee Required

FL

DATE

FILED

May 04, 2001 8:00 am Secretary of State

05-04-2001 90003 001 ***150.00

41000

DO NOT WRITE IN THIS SPACE

59-3203969

Street Address (P.O. Box Number is Not Acceptable)

Zip Code

\$8.75 Additional

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.

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. (See criteria on back)

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

Not Applicable

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ALBRITTON, HENRY STREET ADDRESS STREET ADDRESS 9393 ALANBROOK ST CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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

SIGNATION AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR