2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P94000075320 Jul 19, 2000 8:00 am Secretary of State 1. Entity Name MUSCLEHEAD, INC. 07-19-2000 90152 022 ***150.00 Principal Place of Business Mailing Address 7067 A WEST BROWARD BLVD. 7067 A WEST BROWARD BLVD. PLANTATION FL 33317 **PLANTATION FL 33317** 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. FEI Number Applied For 65-0528419 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POWELL, GLENN K 7067 A WEST BROWARD BLVD PLANTATION FL 33317 Zip Code 333/ City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed na of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. 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 11. 12. TITLE SEGRETARY **Addition** TITLE Delete ELIEZEK PINA POWELL, GLENN NAME NAME 210 174 51 #914 STREET ADDRESS STREET ADDRESS 1290 CAMELIA LANE CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33326 ☐ Change VΡ Addition Deiete TITLE TITLE TEPPER, DANIEL NAME NAME STREET ADDRESS STREET ADDRESS 8039 LAKE POINTE DRIVE CITY-ST-7IE CITY-ST-ZIP PLANTATION FL 33322 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

i.3. 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

MATURE: O SIGONIAE REDANRETE POER

THLE

CHEEL ADDRESS

ST ZIP

7/10/00 (954)321-8)33

☐ Change

Addition



ATTACHMENT P94000075720 B0103414

7/10/00

ATTN: DINSION OF Corporations

This is the 1st notice we received we never received an earlier notice.

Thank you

DAN

DAN TEPPER President