2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 20, 2000 8:00 am Secretary of State DOCUMENT # P95000038340 1. Entity Name . NEW WORLD FITNESS, INC. 01-20-2000 90116 035 ***150.00 7 170 Principal Place of Business Mailing Address 8515 W. HILLSBOROUGH AVE. WORLD GYM TOWN N COUNTRY 8515 W HILLSBOROUGH TAMPA FL 33615-3809 TAMPA FL 33615 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FE! Number Applied For 59-3315877 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fèe Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GATTOS, BRYANT Street Address (P.O. Box Number is Not Acceptable) 8515 W. HILLSBOROUGH AVE. **TAMPA FL 33615** Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 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 12. 11. OFFICERS AND DIRECTORS ☐ Addition TITLE ☐ Delete TITLE Change GATTOS, RITA M NAME NAME 70 KAY CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 ☐ Change ☐ Addition ☐ Delete TITLE TITLE GATTOS, GEORGE NAME NAME 70 KAY CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OLDSMAR FL 34677 CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE GATTOS, BRYANT NAME 8515, W. HILLSBOROUGH AVE. ... STREET ADORESS STREET_ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS