2002 UNIFORM BUSINESS REPORT (UBR) FILED May 13, 2002 8:00 am Secretary of State **DOCUMENT #** P95000070242 1. Entity Name SPRING BREAK, INC. 05-13-2002 90052 010 ***150 00 Principal Place of Business Mailing Address 750 NW 38TH ST 750 NW 38TH ST TFAGGAAA FORT-LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 US 2. Principal Place of Business 3. Mailing Address 750 M.W. 28th ST-FT. LAUDEKA 750 MW 38# 55 FT LAUP. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE. LAUDEKIA 4. FEI Number Applied For KLORIDA 65-0676390 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STOCKTON, RODNEY M Street Address (P.O. Box Number is Not Acceptable) 750 NORTHWEST THIRTY-EIGHTH STREET FORT LAUDERDALE FL 33309 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) Change ☐ Addition NAME STOCKTON, RODNEY NAME STREET ADDRESS 750 N W 38 ST STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33304 CITY-ST-ZIP TITLE DS ☐ Delete TITLE ☐ Change ☐ Addition NAME MEDRICK, DENISE, NAME STREET ADDRESS 23359 S W 55TH WAY STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME THOMPSON, TIM NAME STREET ADDRESS 1935 SKIDMORE CIR STREET ADDRESS CITY-ST-7IP LAWRENCEVILLE GA 30224 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME GASPERONI, JEAN NAME STREET ADDRESS 1302 MISTY RIDGE COURT STREET ADDRESS CITY-ST-ZIP APOPKA FL 32712 CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME 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.

SIGNATURE:

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