2001 UNIFORM BUSINESS REPORT (UBR) Am.

05-22-2001 90647 001 *****61.25
05-22-2001 90647 002 *****8.75
P95000086193
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUN 13 AM 8:42

DOCUMENT # P95000086193

1. Entity Name
SENSATIONAL ENTERTAINMENT XTRAVAGANZA INC.

Principal Place of Business	Mailing Address
215 US 27 CLERMONT FL. 34711	348 E. FIFTH AVE MOUNT DORA, FL 32757

2. Principal Place of Business	3. Mailing Address
215 US 27 Suite, Apt. #, etc.	348 E. FIFTH AVE Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	Zip	Country	City & State	Zip	Country
CLERMONT FL.	34711	USA	MOUNT DORA, FL	32757	USA

4. FEI Number 593356466 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARL J. LARSEN 17731 PHIL C PETERS RD. WINTER GARDEN, FL 34787	Name JEFFERY WIGGS Street Address (P.O. Box Number is Not Acceptable) 411 N. DONNELLY STREET City MOUNT DORA FL Zip Code 32757

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] DATE 5/9/01
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.S.T. CARL J. LARSEN 17731 PHIL C PETERS RD WINTER GARDEN, FL 34787	☒ Delete	PRESIDENT/DIRECTOR NICK MAGRONE 1584 SYLVAN DRIVE MOUNT DORA FL 32757	☐ Change ☒ Addition P/D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	SEC/TREASUR/DIRECTOR BEN ARDITO 101 GRANDVIEW ST #101 MOUNT DORA, FL 32757	☐ Change ☒ Addition S/T/D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	DIRECTOR JACK LIMBACK 101 GRANDVIEW ST #103 MOUNT DORA FL 32757	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	6/4/13	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: [signature] BEN ARDITO Sec/Tres 5/7/01 352 735 4755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/