2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 7960000/4734 ----Aug 17, 2000 8:00 am Secretary of State CAMARILLA REST. INC. CAMARILLA RESTAURANTS, INC 08-17-2000 90574 022 ***550.00 Principal Place of Business 456 CAUSEWAY Blod. DUNEDIM, FlA. 34698-1840 A0073400 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State *5933*58076 Not Applicable Zip Country Zio 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 RICHARD P. GREEN Street Address (P.O. Box Number is Not Acceptable) DREW ST CLEANATER Ćity 8. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS CHARLES STRATTON 456 CAUSBURY BLVD TITLE PRES, UP, TREAS, SEC. ☐ Addition Delete NAME NAMÉ* KAREN M. THOMAS STREET ADDRESS 456 CAUSEWAY BLVD STREET ADDRESS CITY-ST-ZIP 34698 CITY-ST-ZIP DUNEDIN, FLA. 346A8 QUNEDIN , FLA ☐ Delete DINECTOR Change ☐ Addition TITLE TITLE NAME MARCEL E. DAVIGNON 174 PALERMOPL. STREET ADDRESS STREET ADDRESS ... ST ZIP CITY-ST-2IP Change ☐ Addition HILLE ☐ Delete TITLE NAME CITAL I ADMINISTRA STREET ADDRESS ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME arninii gg STREET ADDRESS ST ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition ana e e Affinia e STREET ADDRESS ST-7IP CITY-ST-ZIP [7] Change Addition □ Defete TITLE NAME STREET ADDRESS ST-ZIP CITY-ST-ZIP i.3. I hereby certify that the information supplied with this filling 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.

OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)