Principal Place of Business 430 SQITH STATE ROAD 97 HOLLWOOD RI. 30029 2. Principal Place of Business 3. Mailing Address 440 SQITH STATE ROAD 97 HOLLWOOD RI. 30029 2. Principal Place of Business 3. Mailing Address 5. SQUIR. April 4, no. SUGA, April 4, no. SUGA, April 4, no. SUGA, April 4, no. SUGA, April 4, no. City 5. State City 5. State City 5. State City 5. State Country Zip Country Zip Country Zip Country Zip Country S. Conticese of State Decided SA 35 Application For Required For Required For Required For Required For Required For Required FOR Name Street Address (P.O. Box Number is Not Acceptable) FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code After May 1, 2002; Five will be 5830.00 Aft	DOC 1. Entity N	UMENT # P960 WOOD AMUSMENT CENTER	00068596	ORI (OE	<u></u> .	May 01, Secreta	2002 ary of 90104 020			
420 SOUTH STATE ROAD 97 HOLLYWOOD R. 30029 2. Principal Place of Business Sulfo, Apt. #, rec. Sulfo, Apt. #, rec. Sulfo, Apt. #, rec. City & State Applied For Port Application B. Name and Address of Current Registered Agent For Replace FONTANE, GALE 3440 NE 11 TERRACE POMPANO BEACH R. 33082 City File	Principal P	face of Business	Mailing Address							
Sulle, Apt. 4, etc. Sulle, Apt. 4, etc. Sulle, Apt. 4, etc. Sulle, Apt. 4, etc. City & State Applicable for Not Applicable of Sec. Not Applicable of Sec. Sec. Fell Number of Status Deskod Attack May 1, 2002 Fee will be \$550.00 Attack May 1, 2002 Fee will be	420 SOUTH STATE ROAD #7 420 SOUTH STATE ROA									
Sulle, Apt. 4, etc. Sulle, Apt. 4, etc. Sulle, Apt. 4, etc. Sulle, Apt. 4, etc. City & State A, FEI Number 65-0709505 Not Applicable Port Not Applicable Port Applicabl) (12/1/10/11/11/11/11/11/11/11/11/11/11/11/1		ini o della d en f ac	Á	
City & State A. FET Number 66-0709505 Not Application Not Application State Desired \$2.75			3. Mailing Address	·		; 1913/1917 (19 44/17 6);(1) 91 (1) 91 (1) 91 (1) 91			l	
Zip Country Zip Country Sin Applicable Application App	Suite, Apt. #, etc. Suite, Apt.			#, etc.		DO NOT WRITE IN THIS SPACE				
Signarure	City & St	tate	City & State	State		4. FEI Number SE 0700F0F Applied For				
FONTAINE, GALE 3440 NE 11 TERRACE POMPANO BEACH FL 33082 City City FL Zip Code Added to Foses City FL Zip Code City FL Zip Code Added to Foses City FL Addition City FL Zip Code Added to Foses Addition City FL Addition C	Zip	Country	Zip	Country	- 5.		\$8.75		le	
FONTAINE, GALE 3440 NE 11 TERRACE POMPANO BEACH FL 33082 City City FL Zip Code City City FL Zip Code City FL Sisto of Florida. SIGNATURE Signature reading dean memberian; DAIT DAIT DAIT FL Code City City FL Code City City FL Code City City FL Code City FL Code City FL Code City		6. Name and Address of Curren	t Registered Agent.				Fee Requ	uired	_	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	FONTAL	NE. GALE								
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature systed or present name of registered agent and other applicable. PACTE: Registered Agent synaulary requirement name of registered agent, or both, in the State of Florida. Signature systed or present name of registered agent and other applicable. PACTE: Registered Agent synaulary requirement name of registered agent, or both, in the State of Florida. Signature systed or present name of registered agent and other applicable. PACTE: Registered Agent synaulary requirement name of registered agent, or both, in the State of Florida. PACTE: Registered Agent synaulary synaula	3440 NE 11 TERRACE			Street A	Street Address (P.O. Box Number is Not Acceptable)					
B. 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 Squature system or privated rame of registered agent and size if applicable (NOTE: Registered Agent signature increasing) DATE	, J.I.I.	TO DESIGN FE GOODE		City			El Zip Co	xde	-	
SIGNATURE Squature typed or protect name of registered Agent signature required Agent signature required Agent signature required remainsoing) Part Milling requirement and elects to do so. Part May 1, 2002 Fee will be \$550.00	6. The abov	e named entity submits this statement for	or the purpose of changing its	s registered office or	registered a	gent, or both, in the State of Florida	FL		\dashv	
THE NAME TREET ADDRESS ITY-ST-ZIP THE ADDRESS ITY-ST-	9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!! After May 1, 200 Make Check Payable			III FEE IS \$150.0 02 Fee will be \$5 ble to Department	0 60.00 of State	10. Election Campaign Financing Trust Fund Contribution.	9 \$5.	ed to Fees	-	
TAME 11 TERRACE STREET ADDRESS CITY-ST-ZIP TITLE D- Change Addition TITLE D- Change Addition TITLE NAME TIREET ADDRESS TITY-ST-ZIP TITLE D- Change Addition TITLE NAME TIREET ADDRESS TITY-ST-ZIP TITLE NAME TIT					AC	ODITIONS/CHANGES TO OFFICERS			1_	
TITLE AME	TREET ADDRESS	3440 NE 11 TERRACE		NAME STREET ADDRESS			∟_ Change	L Addition	:034 (9/01	
AME IREET ADDRESS TY-ST-ZIP HOLLYWOOD FL 33021 TITLE NAME STREET ADDRESS TY-ST-ZIP Change Addition Addition NAME STREET ADDRESS TY-ST-ZIP TITLE NAME STREET ADDRESS	ame Treet address	FONTAINE, JOHN 3440 NE 11 TERRACE	Delete .	NAME STREET ADDRESS			☐ Change	☐ Addition	CR2	
TLE MME MME NAME REET ADDRESS TY-ST-ZIP TITLE MME ME ME ME ME ME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	AME IREET ADDRESS	RODE, MARTHA 4812 MCKINLEY ST.	. D. Delete	NAME STREET ADDRESS	+ - , .		Change	Addition		
TITLE ME ME Change Addition NAME STREET ADDRESS Y-ST-ZIP	vme Reet address		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition		
	ME REET ADORESS		☐ Deleta	NAME STREET ADDRESS			☐ Change	☐ Addition		
LE Delete TITLE Change Addition ME SEET ADDRESS STREET ADDRESS CITY-ST-ZIP	ME REET ADDRESS		Delete	NAME STREET ADDRESS			☐ Change	Addition	•	

Deytime Phone #