2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 05, 2001 08:00 AM DOCUMENT # P9600093833 Entity Name **Secretary of State** SADDLEBACK INVESTMENT INC. Principal Place of Business Mailing Address 1355 BENNETT DRIVE 1355 BENNETT DRIVE UNIT 145 UNIT 145 LONGWOOD FLLONGWOOD FL 327506359 327506359 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0708608 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLOTNICK DAVID 1355 BENNETT DRIVE, UNIT 145 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL327506359 US 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. 02/05/2001 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 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TS TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change BLOTNICK MAME DAVID BLOTNICK NAME 437 WOLDUM CIR STREET ADDRESS 437 WOLDUNN CIR STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP LAKE MARY ☐ Delete P TITLE X Change NAME MYERS GEORGE D NAME MYERS GEORGE STREET ADDRESS 2003 WESR OVER RESERVE BLVD. STREET ADDRESS 2003 WESTOVER RESERVE BLVD. CITY-ST-ZIP WINDERMERE FL 34786 CITY-ST-ZIP WINDERMERE FL34786 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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: David Blotnick Mr. 02/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #