FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 21, 2002 8:00 am Secretary of State P97000000736 DOCUMENT # 1. Entity Name 05-21-2002 90870 048 ***150.00 BILLET RACING ENGINES, INC. Mailing Address Principal Place of Business 7605 STATE ROAD 80 WEST POST OFFICE BOX 515 ALVA FL 33920 **ALVA FL 33920** 3. Mailing Address 2. Principal Place of Business POST OFFICE BOX 5 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number FL 65-0754842 Not Applicable Country LASA Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TANENBAUM, YVONNE Street Address (P.O. Box Number is Not Acceptable) 7605 HWY 80 WEST BOX 551 Zip Code ALVA FL 33920 City 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 4/27/02 re, 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 \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 12. CR2E034 (9/01 Addition TITLE Change TITLE PTD ☐ Delete NAME TANENBAUM, ROGER S STREET ADDRESS 7605 STATE ROAD 80 WEST STREET ADDRESS CITY-ST-ZIP ALVA FL 33920 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE TANENBAUM, YVONNE NAME STREET ADDRESS STREET ADDRESS 7605 HWY 80 W CITY-ST-7IP CITY-ST-ZIP ALVA FL 33920 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP