FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Sep 03, 2002 8:00 am Secretary of State DOCUMENT # P97000075933 1. Entity Name 9-03-2002 90170 015 ***150.00 CHOWDHURY & HINES CHICKEN, INC. Principal Place of Business Mailing Address 114 SW 34TH ST 31 TOWNLINE RD GAINESVILLE FL 32607 WETHERSFIELD CT 06109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 06-1496337 Not Applicable Zip Country Zip 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 Name DELANEY, PHILIP A Street Address (P.O. Box Number is Not Acceptable) **3426 N.W. 43RD STREET** SUITE B **GAINESVILLE FL 32606** City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change ☐ Addition HINES, DAVID NAME STREET ADDRESS 31 TOWN LINE ROAD STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP WETHERSFIELD CT 06109 TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME CHOWDHURY, LOKMAN STREET ADDRESS STREET ADDRESS 31-TOWN LINE ROAD CITY-ST-ZIE CITY-ST-ZIP WETHERSFIELD CT 06109 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME 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 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

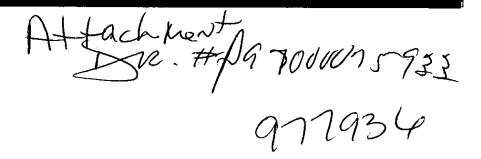
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 exprowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-02 860-563-8141 Date Daylime Phone #





August 21, 2002

State of Florida Division Of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Chowdhury & Hines Chicken, Inc./ Filing Document Number P97000075933 Form- 2002

To Whom It May Concern:

As instructed by members of the division of corporations the above corporation is attaching this request to its 2002 Uniform Business report. The corporation is in good standing and has complied with all state filings on a timely manner. The corporation has enclosed the required fee of \$150.00 due with the above new report. As instructed by members of the department the corporation the above named corporation respectfully requests the division waive any further fees or penalties for the filing of the 2002 report due to clarification on the new form's filing requirements.

Very truly yours

Douglas J. Farrington