2001 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P97000090847 1. Entity Name DANCING BEAR FOOD & BEVERAGE, INC. 04-30-2001 90448 026 ***150.00 Principal Place of Business Mailing Address 333 E LAS OLAS BLVD 333 E LAS OLAS BLVD FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 US 3. Mailing Address 2. Principal Place of Business 0.Box029006 Broward Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0795066 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3302 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent smith, dennis d Street Address (P.O. Box Number is Not Acceptable) 110 SE 6 STREET 15 FLOOR FT LAUDERDALE FL 33301 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. **SIGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition DVPT TITLE ☐ Delete TITLE **GRANT J SMITH** 110 E. Broward BLVd., Suite 1400 Fort Lauderdale, FL 33301 NAME STREET ADDRESS STREET ADDRESS 333 E LAS OLAS BLVD CITY-ST-ZIP CITY-ST-ZIE FT LAUDERDALE FL 33301 TITLE ☐ Delete TITLE NAME NAME ELIZA EGAN SMITH 110E. Broward Blvd., Suite 1400 Fort Lauderdale, FL. 33301 STREET ADDRESS STREET ADDRESS 333 E LAS OLAS BLVD CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 fine 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 truetce supplemental 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

124/01

954)769-5949

Daytime Phone #

CR2E034 (10/