FILED Mar 21, 2000 8:00 am Secretary of State DOCUMENT # P97000106420 1. Entity Name CRICKETERS OF 54, INC. 03-21-2000 90037 007 ***150.00 Principal Place of Business Mailing Address 8525 STATE ROAD 54 8525 STATE ROAD 54 NEW PORT RICHEY FL 34653 NEW PORT RICHEY FL 34655-3004 60041344 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3482512 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RYTE-GOLD, MAIZE Street Address (P.O. Box Number is Not Acceptable) 8525 STATE ROAD 54 **NEW PORT RICHEY FL 34653** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D/P X Change Addition ☐ Delete TITLE TITLE KYTE-GOLD, MAIZE MAME KYTE+GOLD, MAIZE NAME STREET ADDRESS STREET ADDRESS 8525 STATE ROAD 54 8525 STATE ROAD 54 CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34653** 34653 NEW PORT RICHEY, FL **X** Change Addition ☐ Delete TITLE TITLE D/S/T KYTE-GOLD ALAN KYTE-GOLD, ALAN NAME STREET ADDRESS 8525 STATE ROAD 54 STREET ADDRESS 8525 STATE ROAD 54 CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34653** NEW PORT RICHEY, FL 34653 TITLE Change Addition ☐ De!ete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

2000 UNIFORM BUSINESS REPORT (UBR)