2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

May 01, 2003 8:00 am Secretary of State P98000002157 DOCUMENT # 05-01-2003 90359 027 ***150.00 1. Entity Name YUCAIPA INC. Principal Place of Business Mailing Address 2041 FIOLLYWOOD BLVD 2041 HOLLYWOOD BLVD ~ HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business

2826 DEWE 3. Mailing Address DEWEY Suite, Apt. #, etc. TY CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State 65-0803783 Not Applicable \$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 GEREAU, CRAIG A -2041-HOLLYWOOD BLVD HOLLYWOOD FL 33020 8. The above named entity submits this statement for the purpo anging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT TITLE ☐ Delete TITLE Change ☐ Addition GEREAU, CRAIG A GEREAU NAME NAME DEWEY STREET 2041 HOLLYWOOD BLVD. STREET ADDRESS STREET ADDRESS 33020 HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-7IP 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition. NAME NAME STREET ADDRESS STREET ADDRESS 17Y-ST-71F CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered. he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director yequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if