FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 24, 2002 8:00 am Secretary of State **DOCUMENT #** P98000022444 1. Entity Name THE ORIGINAL ISLAND BAY CONCH FRITTERS, INC. 05-24-2002 91316 019 ***150 00 Principal Place of Business Mailing Address 2505 MANIKI DR. 2505 MANIKI DR. W. PALM BEACH FL 33407 W. PALM BEACH FL 33407 2. Principal Place of Business 12788 154th Rd 3. Mailing Address 12788 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE レベニ セニ・ビ City & State City & State 4. FEI Number Applied For Jobiter 65-0821465 Jupiter Not Applicable \$8.75 Additional 47 £ 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FORTUNATO, ROBERT Street Address (P.O. Box Number is Not Acceptable) 2505 MANIKI DR. W. PALM BEACH FL 33407 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 Signature, 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 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TIT! F CR2E034 (9/01) FORTUNATO, ROBERT NAME 2505 MANIKI DR. 154th Rd North STREET ADDRESS W. PALM BEACH FL 33407 CITY-ST-7IP Delete TITLE ☐ Change Addition NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME - -STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

 I hereby certify in indicated on this reof the corporation or the changed, or on an atta nation 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 emental 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 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02 56/206/889