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May 24, 2002 8:00 am
Secretary of State
05-24-2002 91330 021 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027338

1. Entity Name: FLORIDA WRESTLING ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1000 GULF BLVD
Suite, Apt. #, etc.: UNIT 301
City & State: INDIAN ROCKS BEACH, FL.
Zip: 33785 Country: United States

3. Mailing Address: 1000 GULF BLVD
Suite, Apt. #, etc.: UNIT 301
City & State: INDIAN ROCKS BEACH, FL.
Zip: 33785 Country: United States

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3504841 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: JOHN BOZMOCKI JR.
Street Address (P.O. Box Number is Not Acceptable): 7850 ULMERTON ROAD Suite 5
City: LARGO FL Zip Code: 3377[illegible]

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) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☑ (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

DO NOT WRITE IN THIS SPACE

11. OFFICERS AND DIRECTORS

TITLE	DP
NAME	VITETTA, GERALD
STREET ADDRESS	634 LOGAN AVE
CITY-ST-ZIP	BRONX NY 10461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: x [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: APRIL 29, 2002 Daytime Phone #: 718-828-2706

CR2E034B (12/01)