2003 FOR PROFIT CORPORATION

TITLE

NAME STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED May 01, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR**) P98000034312 DOCUMENT # 05-01-2003 90167 033 ***150.00 1. Entity Name MARATHON INTERNATIONAL, INC. Principal Place of Business Mailing Address 2554 ESTANCIA BOULEVARD 2554 ESTANCIA BOULEVARD CLEARWATER FL 33761 CLEARWATER FL 33761 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number City & State Applied For 59-3510412 Not Applicable Zip Country Country \$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 Name COPLEY, LEWIS L JR. Street Address (P.O. Box Number is Not Acceptable) 2554 ESANCIA BOULEVARD CLEARWATER FL 33761 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete **YITLE** TITLE ☐ Change ☐ Addition NAME NAME COPLEY, LEWIS L JR. STREET ADDRESS STREET ADDRESS 2554 ESTANCIA BOULEVARD CITY-ST-ZIP **CLEARWATER FL 33761** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME COPLEY, KAREN A STREET ADDRESS STREET ADDRESS 2554 ESTANCIA BOULEVARD CITY-ST-ZIP CITY-ST-ZIP. **CLEARWATER FL 33761** ☐ Addition TITLE ☐ Delete TITLE Change 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

12. Thereby 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 of the corporation or the regeiver or trustee empowers 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 to execute this report as fequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

SIGNATURE

Change

☐ Addition

☐ Addition