2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P98000041665 **DOCUMENT #** 1. Entity Name INXS HEALTH & FITNESS, INC.

FILED Sep 18, 2003 8:00 am Secretary of State 99-18-2003 90030 010 ***150.00

•			Se VE TES	
Principal Place 4740 CR 390A LAKE PANASC		Mailing Address 4740 CR 390A LAKE PANASOFFKEE FL 3	33538	
2. Principal P	lace of Business	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· .	CHECK HERE IF MAKING CHANGES
City & State	e	City & State		4. FEI Number 65-0832451 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	t Registered Agent		7. Name and Address of New Registered Agent
			Name	
	OTTE, BARBARA		Street Addres	iss (P.O. Box Number is Not Acceptable)
4740 CR 3				
LAKE PAN	vasoffkee FL 33538			
	A-	was -	City	FL Zip Code
	named entity submits this statement fions of registered agent. Signature, typed or printed name of registered agent.		registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept quired when reinstating) DATE
After Sep	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$75 c Payable to Florida Department of		;	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	D JARVIS, JOANN 42 SLEEPY HOLLOW RD LYNCHBURG VA 24502	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	; ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESSELROTTE, KENT C 801 OLD TRENTS FERRY RD LYNCHBURG VA 24503	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P -NESSELROTTE, GWEN J 801 OLD TRENTS FERRY RD LYNCHBURG VA 24503	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 434-386-0781

SIGNATURE:

Daytime Phone #

attachment

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P98000041665

To Whom it may concern,

This letter is to inform you that we did not receive the original Uniform Business Report of 2003, which should have been received before and due by May 1, 2003. This 2nd form was via forwarded mail to Virginia where I live and it was folded up in postcard shape inside some sorted junk mail where it was not found until today. Without being dramatic, we definitely have not had these mail issues in the previous many years that we have been in business. I am sending the \$150 fee as the instructional page states since this was the first notice that has been received. Thank you for your understanding in the matter.

Sincerely, Gwen Nesselrotte

Gwen Nesselrotte 801 Old Trents Ferry Rd Lynchburg, VA 24503