2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P98000049017 1. Entity Name SPEED FREAKS, INC. 04-25-2001 90375 013 ***150.00 Principal Place of Business Mailing Address 7200 GERMANTOWN AVE 7200 GERMANTOWN AVE PHILADELPHIA PA 19119 PHILADELPHIA PA 19119 US Principal Place of Business 3. Mailing Address 00 Danlia 915 BAINBRIDGE ST Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE)ILD/NC 4. FEI Number Applied For 65-0838716 PA WILLIAMSTOWN Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEMBERTON, JOE Street Address (P.O. Box Number is Not Acceptable) 4658 BOUGAINVILLA DR LAUDERDALE BY THE SEA FL 33308 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or register FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so: Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete Addition TITLE TITLE JACKSON, STEVEN NAME NAME 7200 GERMANTOWN AVE #9 STREET ADDRESS STREET ADDRESS PHILADELPHIA PA 19119 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRES: STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP 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. The 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR