FILED

2003 FOR PROFIT CORPORATION

UN	IFORM BUSINE	Apr 25, 2003 8:00 am Secretary of State							
DOCUMENT # P98000066859 1. Entity Name EDGE MOTORSPORTS, INC.					Secretary of State 04-25-2003 90192 047 ***150.00				
Principal Place of Business Mailing Address 1400 SOUTH OCEAN DRIVE #1501 HOLLYWOOD FL 33019 Mailing Address 1400 SOUTH OCEAN DRIVE #1501 HOLLYWOOD FL 33019					 				
2. Principal Place of Business 3. Mailing Address 3. Mailing Address 3. Mailing Address 3. Suite, Apt. #, etc.									
Suite 500 Suite 500				CHECK HERE IF MAKING CHANGES					
City & Stat	1 4.7	City & State Hollywood	FL		4. FEI Number	65-0853360	— — —	plied For at Applicable	
33020	Country	Zip -33020	Country USP -		_5. Certificate of S	Status Desired	\$8.75 Add	litional	
<u> </u>	6. Name and Address of Current F	1	-1:0007		7. Name and Ad	dress of New Registere			
			Name						
GOEHRIG, LARRY				Street Address (P.O. Box Number is Not Acceptable)					
1400 SOUTH OCEAN DRIVE #1501 HOLLYWOOD FL 33019						****			
<u> </u>							Zip Code		
City					<u> </u>				
the obligat	e named entity submits this statement for tions of registered agent. Signature, type or printed name y registered agent as	my Goehra	DTE: Registered Agent sign			4/21/63 DATE		and accept	
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of			Trust F	on Campaign Financing Fund Contribution.	☐ Added	0 May Be to Fees		
10.	OFFICERS AND I		11.		ADDITIONS/CH	ANGES TO OFFICERS A		3 IN 11	
itle Name Street address City-ST-ZIP	D GOEHRIG, LARRY 1400 SOUTH OCEAN DRIVE #150 HOLLYWOOD FL 33019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	245 Holi	o Hollywollywood, Fi	ad Blud Su. L	e 500	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
ITTLE IAME STREET ADDRESS CITY-ST-2IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		And the second s	- NO. W	☐ Change	☐ Addition	
ITLE IAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
ITLE IAME ITREET ADDRESS		□ Delete	TITLE NAME STREET ADDRESS				☐ Change	☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ Delete

4/21/03

954 9227550

Daytime Phone #

Change

☐ Addition