FILED May 17, 2001 8:00 am Secretary of State 05-17-2001 91326 033 ***150.00 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9800083142		
THUNDER TRACKS, INC.	- *	
Principal Place of Business Mailing Address		

	. Camino Real #400 aton, Fl 33433	7700 W. Boca Rat			**	C0067267	7 .		
2. Principal Place of Business 3. Mailin		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State Cit		City & State		4. FEI Number	5-0865925	Į Į	oplied For		
Zip	Country	Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
				Name					
Jef	frey_SMcGee			Street Address (P.O. Box Number is Not Acceptable)					
770	0 W. Camino Real,	#400		Sileet Audiess (1.0. Box Number is Not Acceptable)					
	a Raton, Fl 3343					· ·			
	a nacon, 11 3343.	,	-	City		_	Zip Code	e e	
				·		F	L		
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or regist	ered agent, or both, in	the State of Florida.		}	
		/ /		,	60.1	بر .	11 . 1		
SIGNATURE	Signature viped or printed narrow of registered agent as		ELL	NEV 5.	MICGEE	7	126/01		
	Signature typed or printed name of registered agent as	d the li actividate. (NOTE:	: Hegistered	Agent signature requir	ed when reinstating)	DATE			
9. This corpor	ration is eligible to satisfy its Intangible	FILE NOW!	FEE	IS \$150.00	10 Election	n Campaign Financing	¢ = 0	ا ۔	
	equirement and elects to do so.	After MAY 1, 200	enunda un nu	 (i) (ii) (iii) (iii) (iii) (iii) (iii) (iii) 	Trust Fi		⊅5.0	May Be	
(See criteri	a on back)	. Make Check Payabi	e to De	partment of St	ate	_			
11.	OFFICERS AND D	IRECTORS	12.		ADDITIONS/CHA	ANGES TO OFFICERS AF	ND DIRECTORS	S IN 11	
TITLE	P	☐ Delete	TITLE				🔀 Change	☐ Addition	
NAME			NAME	j				İ	
STREET ADDRESS CITY-ST-ZIP	7700 W. Camino Re			ET ADDRESS					
	Boca Raton, Fl 3		+	ST-ZIP				<u></u>	
TITLE	V.	☐ Delete	TITLE				🔀 Change	☐ Addition	
NAME STREET ADDRESS	Hudson, Ken		NAME	T ADDRESS					
CITY-ST-ZIP	7700 W. Camino Re	al, #400		ST-ZIP					
	Boca Raton, Fl 33	433	-					871 a 1 100	
NAME	<u>T</u>	☐ Delete	TITLE NAME				Change	X Addition	
STREET ADDRESS	Potts, Sean W	7 "		T ADDRESS					
CITY-ST-ZIP	7700 W. Camino Re	al, #400		ST-ZIP				1	
TITLE	Boca Raton, Fl 3	3433 \(\times\) Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
	Silvestri, Leonard		NAME				Change		
STREET ADDRESS	7700 W. Camino Rea	al. #400	STREE	T ADDRESS					
	Boca Raton, Fl 3		CITY-	ST-ZIP					
	—————————————————————————————————————		TITLE				Change	Addition	
NAME	William, Joanne	·	NAME				,		
STREET ADDRESS	7700 W. Camino Rea	al, # 400	STREET	T ADDRESS					
	Boca Ratop Fl 33		CITY-	ST-ZIP					
TITLE	-	☐ Delete	TITLE			-	☐ Change	☐ Addition	
NAME			NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			CITY-S						
13. Thereby ce	ertify that the information supplied with the	is thing does not qualify for t	the exem	notion stated in S	ection 119 07(3)(i) Eld	orida Statutes, I further c	ertify that the in	formation	

indicated on this report or supplemental reports true and accurate and that my signature shall have the same legal effect as if made under cath, 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: