FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jul 30, 2002 8:00 am Secrétary of State DOCUMENT # P98000088147 1. Entity Name 07-30-2002 90380 029 ***150.00 KEY WEST NIGHTS, INC. Principal Place of Business Mailing Address 314 DUVAL STREET 1407 WHITE STREET KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address 10 Fitz PHTRICK ST. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Zip 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 PINCKARD, LINDA D Street Address (P.O. Box Number is Not Acceptable) 1407 WHITE STREET KEY WEST FL 33040 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. \mathcal{F} SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME PINCKARD, LINDA D NAME STREET ADDRESS 1407 WHITE STREET STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-ZIP □ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE _ . Delete TITLE _ Change Addition 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 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 11 or Block 12 if changed, or on an attachment with an address, with all of

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7/22/02 305-296-9161

Attachment A8000088147

KEY WEST NIGHTS, INC. d/b/a Old Town Welcome Center 110 Fitzpatrick Street Key West, FL 33040 Phone: 305-296-9161

Fax: 305-194-8846

July 22, 2002

Division of Corporations Uniform Business Report Filings P O Box 1500 Tallahassee, FL 32302-1500

---Dear Sir:-

Please be advised that this is the first notice received by the Division of Corporations for the 2002 Uniform Business Report.

Enclosed you will find our check in the amount of \$150.00 payable to the Florida Department of State for the 2002 report.

Very truly yours,

Linda D. Pinckard

President

Enclosures