2000 UNIFORM BUSINESS REPERT (UBR)

SIGNATURE:

FILED DOCUMENT # P99000007294 May 24, 2000 8:00 am Secretary of State CYCLE PROMOTIONS USA, INC. 04-21-2000 90033 006 ***150.00 Principal Place of Business Mailing Address 2501 E. COMMERCIAL BOULEVARD 2501 E. COMMERCIAL BOULEVARD SUITE 212 SUITE 212 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308-4127 3. Mailing Address 2. Principal Place of Business P.O. BOX 200 MAIN 5T. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State BEACH Not Applicable 59-3632754 DAYTONA Country \$8.75 Additional 5. Certificate of Status Desired 32118 32120-9155 VOLU51A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SETTLE, JOHN Street Address (P.O. Box Number is Not Acceptable) 2356 MEA DOW LANE 2501 E. COMMERCIAL BOULEVARD **SUITE 212** FT. LAUDERDALE FL 33308 Zip Code 32120 - 9/55 DAYTONA 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. SIGNATURE, Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. 12. ☐ Addition CR2E034 (9/99) Change Delete TITLE TITLE NAME NAME SETTLE, JOHN 200 MAIN ST. 2501 E. COMMERCIAL BLVD., SUITE 212 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL. FT. LAUDERDALE FL 33308 Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change Detete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE Change 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 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 other like empowered.

SKTTLE