6/4 FILED Aug 02, 2001 8:00 am Secretary of State 2001 UNIFORM_BU 1. Entity Name 06-22-2001 90068 023 ***150.00 Principal Place of Business Mailing Address 4833 Cellins Aus Minm Bench Fl 3. Mailing Address $\begin{array}{c} 77150 \\ \text{do not write in this space} \end{array}$ Suite, Apt. #, etc. City & State 4. EEI Number Applied For Not Applicable 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 Street Address (P.O. Box Number is Not Acceptable) MAMI Eigel 12 33/40 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 Flyrida SIGNATURE FILE NOWIT 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: ---(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VIUCENTT TITLE 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 nne TETE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CTTY_ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE 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 Oelete TITLE ☐ Change Addition NAME NAME

13. I hereby certify that the information supplied with this filling 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 employered to execute this report as required by Chanter 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.

STREET ADDRESS

CITY-ST-2IP

SIGNATURE:

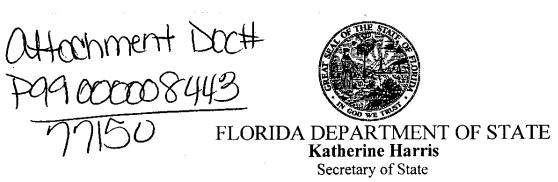
STREET ADDRESS

CITY-ST-ZIP

APORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07 / (4/ 200 / Daytime Phone

305-216-8021



June 22, 2001

PLAYTIME WATER SPORTS 53RD STREET, INC. 4833 COLLINS AVENUE MIAMI BEACH, FL 33140

Subject: PLAYTIME WATER SPORTS 53RD STREET, INC.

Reference P9900008443 Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RR ANNUAL REPORTS SECTION