2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 22, 2000 8:00 am Secretary of State DOCUMENT # **P99000032235** 1. Entity Name ATTA BOY, INC. 04-22-2000 90135 036 ***150.00 Mailing Address Principal Place of Business 2021 S.W. 136TH AVENUE 2021 S.W. 136TH AVENUE DAVIE FL 33325-5118 DAVIE FL 33325 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-09/0030 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 23238 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PHILPOT, TERRENCE Street Address (P.O. Box Number is Not Acceptable) -2021 S.W. 136TH AVENUE DAVIE FL 33325 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. 4-16-42k SIGNATURE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box 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 12. OFFICERS AND DIRECTORS 11. Addition TITLE D ☐ Delete TITLE Change PHILPOT, TELLANCE 4961 S.W. 106# AVE Pt. LANDEADALE FI 3338 NAME PHILPOT, TERRENCE NAME STREET ADDRESS STREET ADDRESS 2021 S.W. 136TH AVENUE CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33325 ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE 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 other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-424 8542578627