FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am Secretary of State DOCUMENT # P99000032634 1. Entity Name WORLD FITNESS PARTNERS OF WESTON, INC. 05-13-2002 90123 025 ***150.00 Principal Place of Business Mailing Address WORLD FITNESS PARTNERS OF WESTON INC. 12451 NW 3RD STREET APARTMENT 8-3 DABOOOR OUTE 2 PLANTATION FL 33325 WESTON FL 33326 2. Principal Place of Business Mailing Address 16614 Saddle Club-RD Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0913866 Not Applicable Country \$8.75 Additional Soward 5. Certificate of Status Desired Boward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOHM, PATRICK J 12451 NW 3RD STREET APARTMENT B-3 PLANTATION FL 33325 Zip Code 8. The above named entity ubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DPTS** TITLE ☐ Delete __ TITLE Change ☐ Addition SOHM, PATRICK J NAME NAME 12451 NW 3RD STREET APARTMENT B-3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33325 C!TY-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 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 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 of true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ddress, with all other like empowered.

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: