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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Sep 10, 2003 8:00 am Secretary of State P99000044933 DOCUMENT # 09-10-2003 90055 041 ***550.00 1. Entity Name NEW CITY GRILL INC. Principal Place of Business Mailing Address 90155260 750 SOUTH DIXIE HIGHWAY 750 SOUTH DIXIE HIGHWAY **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0921301 Not Applicable Zip Country 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 Name BROWN, JEFF M Street Address (P.O. Box Number is Not Acceptable) 750 SOUTH DIXIE HIGHWAY **BOCA RATON FL 33432** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TIT! E TITLE Addition ☐ Delete ☐ Change RONEY, LORI NAME NAME 22405 CERVANTES LN. STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JITLE-☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-7IP

SIGNATURE:

President 9/1/03

12. 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 firstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.