2000 UNIFORM BUSINESS REPORT (ÜBR)

Jun 09, 2000 8:00 am Secretary of State DOCUMENT # P99000058105 05-02-2000 90037 044 ***150.00 TRILOGY MOTORSPORTS, INC. Principal Place of Business Mailing Address 5236 N.W. 55TH STREET ALL N.W. 55TH STREET COCONUT CREEK FL 33073-3744 JOCOMPT CREEK FL 33073 2. Principal Place of Business 3. Mailing Address 2050 NE 39 ST zoso NE Suite, Apt. #. etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 206 206 Applied For City & State 4. FEI Number City & State Not Applicable Ft. Lauderdale Country \$8.75 Additional Zio 5. Certificate of Status Desired Fee Required 33308 u 5 P 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Bonrud Street Address (P.O. Box Number is Not Acceptable) BONRUD, LYNN R 5236 N.W. 55TH STREET **COCONUT CREEK FL 33073** 206 Zip Code 33308 autendale 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. 4-17-00 Son File (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. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (66/6) CPST ★ Addition TITLE □ Delete Lynn R. Bonrud NAME NAME CR2E034 335 NE 4 Stre STREET ADDRESS STREET ADDRESS 33432 CITY-ST-7IP FL 33432 CITY-ST-ZIP Addition Change TITLE TITLE Michael Dell el Delt MAME NAME LU NW 40 40 TERRACE STREET ADDRESS LL9 NW STREET ADDRESS 33442 FL 33442 Deerfield Beach bearfield Beach, CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Osleta MILE_ TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Channe Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-71P CITY-ST-ZIP ☐ Change 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

13. I hereby certify that the information supplied with this sting 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 signiture 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 regulared 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.

SIGNATURE:

1)

4-17-00

954-260-2640

Dayuma Phone

FILED