2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am § Secretary of State P99000061528 **DOCUMENT #** "FUN IN THE SUN GO.COM, INC." 05-13-2002 90067 031 ***150.00 Principal Place of Business Mailing Address 11077 NUTMEG DRIVE 962 NORTHLAKE BLVD **SUITE 1000** 190 PALM BEACH GARDENS FL 33418 LAKE PARK FL 33403 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. ## Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0935165 Not Applicable Zip 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 J. LUDWIG RAUMOUP KEIPPER, LOUISE M et Address (P.O. Box Number is Not Acceptable) 11077 NUTMEG DRIVE **SUITE 1000** PALM BEACH GARDENS FL 33418 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 **SIGNATURE** 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **X** Delete RAYMOND = LOWID Schange | 962. KNIL HAKE BLUB. #190 LAKE PARK PL-33403 CR2E034 (9/01) TITLE KEIPPER, LOUISE NAME NAME 11077 NUTMEG DRIVE STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition KEIPPER, NICHOLAS NAME NAME 11077 NUTMEG DRIVE STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP CITY-ST-ZIP Delete --TITLE ☐ Change Addition. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE: RAPINDAD TRALOGO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF