2000 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2000 08:00 AM DOCUMENT # P9900066315 1. Entity Name **Secretary of State** MOTORHEAD CITY INC. Principal Place of Business Mailing Address 9451 NW 21 MANOR 9451 NW 21 MANOR SUNRISE FL SUNRISE FL 33322 33322 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 65-0935727 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POSNER 9451 NW 21 MANOR Street Address (P.O. Box Number is Not Acceptable) SUNRISE 33322 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. 04/27/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CSD Delete TILE CSD X Change ☐ Addition POSNER WILLIAM NAME POSNER WILLIAM STREET ADDRESS 9451 NW 21 MANOR STREET ADDRESS 9451 NW 21 MANOR CITY-ST-ZIP SUNRISE 33322 CITY-ST-ZIP SUNRISE 33322 TITLE ☐ Delete PTD TITLE X Change ☐ Addition NAME NAME SNOW-POSNER SNOW-POSNER DIANNE DIANNE PRES STREET ADDRESS 9451 NW 21 MANOR STREET ACCRESS 9451 NW 21 MANOR CITY-ST-ZIF SUNRISE SUNRISE FI 33322 CITY-ST-7IP FT. 33322 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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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.

NOMATILEE. Dianna Snew Dosner