2000 UNIFORM BUSINESS REPORT (UBR) VAC 5/12/00-90070-016-\$150.00-\$150.00 DOCUMENT # P99000070431 FILED 1. Entity Name LE ROOSTER'S BREW, INC. 00 OCT -9 AM 10: 10 1403 CROCKED STICK COOD STORMARY OF STATE STATE, FLORIDA Principal Place of Business Mailing Address 31 NHAVENDALE BLVD 311 HAVENDALE BLVD STE 297 STE 297 AUBURNBALE FL 33823-4513 AUBURNDALE FL 33823 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Country Zip Country Zip \$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 HILL, DIANE E ESO Street Address (P.O. Box Number is Not Acceptable) 2012 S FLORIDA AVE LAKELAND FL 33806 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete MLE ☐ Addition TITLE SUTTON, DON NAME NAME STREET ADDRESS STREET ADORESS 1403 CROOKEDSTICK LOOP CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Addition TITLE ☐ Change TITLE ☐ Celete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delate Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 118.07(3Xi). 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 receiper 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: Daytime Phone # Date

DEAR KATIOLINO HARRIS. I hAVE NO ISEA while This LETTER 418 BEEN BUT, I JUST GOT IT SAY SOT 30 M. 2000 Tin Now AT This Siling STUFF
But I'm Filly The Followant
ce its my FED #. Phalfon Por Joak time,