2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 23, 2002 8:00 am Secretary of State P99000073583 DOCUMENT # 1. Entity Name 05-23-2002 90027 018 ***150.00 SIMONE AMUSEMENTS, INC. Mailing Address Principal Place of Business 1825 S.W. 22ND COURT 1825 S.W. 22ND COURT CAPE CORAL FL 33991 CAPE CORAL FL 33991 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0942530 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JAMES S. PUCCIO, ATTORNEY & COUNSELLER, CHTD Street Address (P.O. Box Number is Not Acceptable) 13180 N. CLEVELAND AVENUE FORT MYERS FL 33903 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME SIMONE, KRISTINE L NAME STREET ADDRESS 1825 S.W. 22ND COURT STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33991 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME SIMONE, CRAIG STREET ADDRESS 1825 S.W. 22ND COURT STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33991 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete 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-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 an other like empowered.

FILED

Daytime Phone #