2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 17, 2002 8:00 am Secretary of State P99000078760 DOCUMENT # 1. Entity Name 02-17-2002 90076 038 ***150.00 GOLDEN SIDEKICKS, INC. Principal Place of Business Mailing Address 4509 14TH ST. WEST. #503 4836 14TH STREET WEST **BRADENTON FL 34207 BRADENTON FL 34207** 3. Mailing Address 2. Principal Place of Business 2402 2402 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Bradenton Applied For 4. FEI Number City & State Bradenton 65-0945330 Not Applicable Country \$8.75 Additional 125*A* 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WARD, JOSEPH D Box Number is Not Agceptable) Street Addra 4509 14TH ST. WEST **BRADENTON FL 34207** 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. (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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE TITLE ☐ Delete WARD, JOSEPH D NAME NAME 4509 14TH STREET WEST, #503 2401 Manatec Aur. E. STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** CITY-ST-ZIP Bradenton FL 3420B CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete WARD, DENNIS J NAME NAME 45 circle Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Ephrata, PA 17522 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.

FILED