2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # P99000095965 JUMP FOR FUN INFLATABLES INC. 05-10-2001 90171 002 ***150.00 Principal Place of Business Mailing Address 332 MOUNTAIN DR. P.O. BOX 219 DESTIN FL 32540 DESTIN FL 32540 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State -59-3621606 Applied For Not Applicable Zip Country 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 michael J.GASNE GAGNE, DIANA L Street Address (P.O. Box Number is Not Acceptable) 332 MOUNTAIN DR. 332 MOUNTAIN DR. DESTIN FL 32540 City Destin 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 JGASNE 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, 2001 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 **PVTS** TITLE ☐ Delete Change Change ☐ Addition CR2E034 (10/00) GAGNA, DIANA L NAME NAME GARAL DIANAL 332 MOUNTAIN DR STREET ADDRESS STREET ADDRESS 332 MOUNTAIN OR. CITY-ST-ZIP CITY-ST-ZIP **DESTIN FL 32541** 0est: ~ FL. 32541 TITLE ☐ Delete TITLE NAME NAME Gasne michael STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIE CITY-ST-Z!P TITLE Delete TITLE ☐ Change ☐ Addition NAME

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

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS