2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 26, 2000 8:00 am Secretary of State **DOCUMENT # \$74426** 1. Entity Name ACTION USA, INC. 01-26-2000 90040 036 ***150.00 Principal Place of Business Mailing Address POB 12689 275 9TH ST N ST PETE FL 33733-2689 ST PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3080995 ____ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAHN, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 275 9TH ST N ST. PETERSBURG FL 33701 Zip Code 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Delete Change TITLE TITLE HAHN, S NAME NAME STREET ADDRESS STREET ADDRESS 265 9TH AVE N CITY-ST-ZIP CITY-ST-ZIP ST PETE FL 33701 ☐ Delete ☐ Change TITLE TITLE NAME WEISS, JIM NAME STREET ADDRESS STREET ADDRESS 810 MAIN STREET CITY-ST-ZIP CITY-ST-ZĪP CINCINATI OH ERRY THOMPSON Thange Delete TITLE TITLE NAME THOMPSON, JERRY NAME STREET ADDRESS STREET ADDRESS 6 DRICHWATERS CIRCLE: NE ST PETERSBURG, FL 337-, CITY-ST-ZIP CITY-ST-ZIP ST: PETERSBURG FL ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ · · · · ·

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ Celete

Change