2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 25, 2004 8:00 am Secretary of State DOCUMENT # \$83223 1. Entity Name -25-2004 90062 004 ***150.00 BREAKERS BILLIARDS, INC. Principal Place of Business Mailing Address 2987 ALAFAYA TRAÍL 2987 ALAFAYA TRAIL OVIEDO FL 32765 OVIEDO FL 32765 3. Mailing Address 2. Principal Place of Business Suite, Apr. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-3086474 Not Applicable Country Zio 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 Name PARKER, VIVIAN C Street Address (P.O. Box Number is Not Acceptable) 2987 ALAFAYA TRAIL OVIEDO FL 32765 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Addition TITLE ☐ Delete PARKER, VIVIAN C NAME NAME 3549 SCOUT OAK LOOP STREET ADDRESS STREET ADDRESS OVIEDO FL CITY-ST-7IP CITY-ST-7IP TITLE ☐ Detete TITLE [] Change Addition PARKER, DREW P NAME NAME 3549 SCOUTOAK LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OVIEDO:FL CITY-ST-ZIP Change TITLE ☐ Addition TITLE ☐ Delete Treasurer NAME PARKER DEAN-J-NAME. Dori A. Parker STREET ADDRESS 3549 SCOUTOAK LOOP STREET ADDRESS 3549 Scout Oak Loop CITY-ST-ZIP OVIÉDO FL CITY-ST-ZIP Oviedo, Florida ☐ Delete TITLE ☐ Addition TITLE Vice President PARKER, DORI A NAME NAME 3549 SCOUT OAK LOOP Dean J. Parker STREET ADDRESS STREET ADDRESS CITY- \$T-ZIP OVIEDO FL CITY-ST-ZIP 2011 So. Sherbourne Drive Los Angeles, CA 9003 Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE □ Delete TITLE ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIECTOR DECEMBER 2 - 10 - 04 407366 1473

12. 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 10 or Block 11 if

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