2001 UNIFORM BUSINESS REPORT (UBR) May 10, 2001 8:00 am Secretary of State **DOCUMENT # V20663** BREAKSHOT BILLIARDS, INC. 05-10-2001 90189 033 ***150.00 Principal Place of Business Mailing Address 12794 FOREST HILL BLVD 12794 FOREST HILL BLVD. **STE 19** SUITE 19 W. PALM BEACH FL 33414 W. PALM BEACH FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0318048 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 MAGGIO, VINCENT J. Street Address (P.O. Box Number is Not Acceptable) 558 OLD COUNTRY RD. W. PALM BEACH FL 33414 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 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. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition Delete TITLE MAGGIO/VINCENT 558 OLD COUNTRY ROAD 1000 MOTON, EN 33414 MAGGIO, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 158-27 82ND STREET CITY-ST-ZIP CITY-ST-ZIP **HOWARD BEACH NY 11414** TITLE ☐ Delete TITLE MAGGIO, VINCENT NAME NAME STREET ADDRESS 558 OLD COUNTRY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 TITLE ☐ Delete NAME MAGGIO, KAREN NAME STREET ADDRESS 558 OLD COUNTRY ROAD STREET ADDRESS CITY-ST-71P CITY-ST-ZIP WELLINGTON FL 33414 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 all other like empowered

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Delete

4/28/01 561-790-1297

☐ Change

☐ Addition