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2001	UNIFORM	BUSINESS	REPORT	(UBR)
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STREET ADDRESS

SIGNATURE:

220 SUTTON STREET

NORTH ANDOVER MA 01845

Sep 05, 2001 8:00 am Secretary of State **DOCUMENT #** F98000002517 SUMMERVILLE AT PORT ORANGE, INC. 09-05-2001 90008 024 ***550.00 Mailing Address Principal Place of Business 3000 EXECUTIVE PARKWAY 3000 EXECUTIVE PARKWAY SUITE 530 SUITE 530 SAN RAMON CA 94583 SAN RAMON CA 94583 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-2103425 Not Applicable Zip 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 HIQ CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 528 E. PARK AVE. TALLAHASSEE FL 32301 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE (2/01)Addition ☐ Delete ☐ Change Richard Acherman HEIMBOLD, ARTHUR NAME NAME igga Avenue of the Stars, Ste 1900 STREET ADDRESS 3000 EXECUTIVE PARKWAY, STE. 530 STREET ADDRESS CR2E034 CITY-ST-ZIP SAN RAMON CA 94583 CITY-ST-ZIP TITLE ☐ Delete TITLE **PCEO** Change ☐ Addition NAME COBB, GRANGER NAME STREET ADDRESS 3000 EXECUTIVE PARKWAY, STE. 530 SAN RAMON CA 94583 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-TITLE Delete TITLE ☐ Change ☐ Addition NAME KOENIG, STUART NAME STREET ADDRESS STREET ADDRESS 1301 AVENUE OF THE AMERICAS, 38TH FLOOR CITY-ST-ZIP NEW YORK NY 10019 CITY-ST-ZIP TITLE TITLE ☐ Change Addition NAME BENJAMIN, BILL NAME STREET ADDRESS 1301 AVENUE OF THE AMERICAS, 38TH FLOOR STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10019 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NEIBART, LEE NAME STREET ADDRESS 1301 AVENUE OF THE AMERICAS, 38TH FLOOR STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10019 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME GARDNER, HOWARD DR. NAME

STREET ADDRESS

CITY-ST-7IP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statules. 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 Statules; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address.