2/13

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 13, 2001 8:00 am Secretary of State DOCUMENT # P0000039409 02-13-2001 90077 013 ***150.00 PALM COAST EQUINE CENTER CORP. Principal Place of Business Mailing Address 600 MADISON AVENUE 600 MADISON AVENUE 30762 12TH FLOOR 12TH FLOOR NEW YORK NY 10022 NEW YORK NY 10022 2. Principal Place of Business' 3. Mailing Address Suite, Apt. #, etc. Suite Ant # etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 23 - 373008 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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. .6/IGNATURE Signature, typed or printed name of registered agent and lide it applicable. (NOTE: Registered Agent signature required when reinstatung) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution: Tax filing requirement and elects to do so. (See criteria on back) \$5.00 May Be 11774 AND DIRECTORS NOW AND THE PROPERTY OF TH 12.24 A MANUAL ANADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE Chance Director and President MAME NAME Fabio Soldati STREET ADDRESS STREET ADDRESS Lugano, Switzerland CITY-ST-ZIP CITY-ST-ZIP TITLE Oetete Vice Pres. and Treasurer TITLE ☐ Change X Addition NAME NAME Ralph J. Galasso STREET ADDRESS STREET ADDRESS 600 Madison Avenue, 12th Floor CITY-ST-ZIP CITY - ST - ZIP New York, NY 10022 TITLE Delete DILE ☐ Change Vice Pres. and Secretary NAME NAME Mario Cazzola-STREET ADDRESS STREET ADDRESS 600 Madison Avenue, 12th Floor New York, NY 10022 CITY-ST-ZIP CITY-ST-ZIP ☐ 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-SI-ZIP CITY-ST-ZIP 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 of fustee supplemental 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.

Mario Gazzola

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January ≥9, 2001

(212) 980-3500