2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 29, 2001 08:00 AM P93000032710 DOCUMENT# 1. Entity Name **Secretary of State** CORPORATE AIRSEARCH INTERNATIONAL SOUTH, INC. Principal Place of Business Mailing Address 150 E. PALMETTO PARK RD 150 E. PALMETTO PARKD RD SUITE 550 SUITE 550 BOCA RATON FL BOCA RATON FL33432 33432 US 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 65-0418999 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HANLEY JAMES 150 EAST PALMETTO PARK RD Street Address (P.O. Box Number is Not Acceptable) SUITE 550 BOCA RATON FL33432 US 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 03/29/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VT TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change MAME HANLEY JAMES P. JAMES P. NAME HANLEY 1173 FALLS BLVD. STREET ADDRESS STREET ADDRESS 1173 FALLS BLVD. CITY-ST-ZIP WESTON \mathbf{FL} CITY-ST-ZIP WESTON ☐ Delete CP TITLE CP X Change NAME HANLEY SHARON NAME HANLEY SHARON STREET ADDRESS 6113 NW 31ST COURT STREET ADDRESS 6113 NW 31ST COURT CITY-ST-ZIP BOCA RATON \mathbf{FL} CITY-ST-ZIP BOCA RATON FL33496 ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-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 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.

03/29/2001

Daytime Phone #

Date

SIGNATURE: __James P. Hanley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR