2002 UNIFORM BUSINESS REPORT (UBR) FILED May 12, 2002 8:00 am Secretary of State P93000057291 DOCUMENT # 1. Entity Name OMNI LEISURE, INC. 05-12-2002 90618 020 ***150 00 Principal Place of Business Mailing Address 501 E. OAK STREET 501 E. OAK STREET SUITE F SUITE F KISSIMMEE FL 34744 KISSIMMEE FL 34744 US US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For 59-3208964 Not Applicable Zip 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 GREEN, ALEXANDRA Street Address (P.O. Box Number is Not Acceptable) 501 E OAK ST. SUITE F KISSIMMEE FL 34744 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees .\$5.00.May.Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS'IN'11 41% 12. (9/01) ☐ Delete TITLE ☐ Addition GREEN, ALEXANDRA 1488 SOPHIE WAY CR2E034 STREET ADDRESS STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE IREDALE, G D NAME NAME 3501 W VINE ST #104A STREET ADDRESS STREET ADORESS KISSIMMEE FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET, ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME 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

SIGNATURE:

City-ST-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEXANDRA GREW

GREW 4/200

309117

Daytime Phone #