2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State DÖCUMENT # P9500020037 05-16-2001 90364 023 ***150.00 WLD FAMILY INVESTMENT CORP. Principal Place of Business Mailing Address LAS OLAS CTR LAS OLAS CTR UUUJ4140 450 E LAS OLAS BLVD 900 450 E LAS OLAS BLVD 900 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0570326 Not Applicable Country \$8.75 Additional Zip Country Zip5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name: HORVITZ, DAVID W Street Address (P.O. Box Number is Not Acceptable) 450 E LAS OLAS BLVD 900 FT LAUDERDALE FL 33301 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) ☐ Addition Change DPS Delete TITLE TITLE NAME NAME HORVITZ, DAVID W STREET ADDRESS LAS OLAS CTR 450 E LAS OLAS BLVD 900 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL ☐ Addition ☐ Delete TITLE TITLE ROTH, LINDA H NAME NAME STREET ADDRESS STREET ADDRESS LAS OLAS CTR 450 E LAS OLAS BLVD 900 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Change ☐ Addition ☐ Delete TITLE AS TITLE NAME NAME ---BAKER, VIRGINIA STREET ADDRESS 450 EAST LAS OLAS BLVD. SUITE 900 STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TIT! F NAME 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-7IP 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

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changed, or on an attachment with an address, with all other like empowered.