FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 19, 2002 8:00 am § Secretary of State DOCUMENT # P95000056647 1. Entity Name 05-19-2002 90169 041 ***150.00 COLONY ACQUISITION CORPORATION Principal Place of Business Malling Address 730 W BROWARD BLVD 730 WABROWARD BLVD FT LAUDERDAEL FL 33312 FT LADUERDAEL FL 33312 US 2. Principal Place of Business 3. Mailing Address 1995 E. Cauchaud PK. 1995 F. OAKLAND I'K. Blud. Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE #215 井から 4. FEI Number Applied For T. LAUDERBALE Fん Lauderdale 65-0596367 Not Applicable \$8.75 Additional 33306 5. Certificate of Status Desired 3306 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOUSTON, BART A Street Address (P.O. Box Number is Not Acceptable) 316 NE 4TH STREET FT LAUDERDALE FL 33301 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 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 Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition DENBERG, ROBERT L NAME NAME STREET ADDRESS 730 W BROWARD BLVD STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TITLE SD ☐ Delete TITLE Change ☐ Addition NAME SCHOLL, GEORGE H JR. NAME STREET ADDRESS 730 W BROWARD BLVD STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE. FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition HOUSTON, BART A NAME NAME STREET ADDRESS 316 NE 4TH STREET STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33301 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ 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 of 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

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTO