2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000074966 Jul 24, 2000 8:00 am 1. Entity Name Secretary of State GLOBAL REALTY REFERRAL COMPANY 07-24-2000 90013 003 ***550.00 Principal Place of Business Mailing Address 776-B COUNTRY CLUB DR 776-B COUNTRY CLUB DR TITUSVILLE FL 32780 TITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3368014 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 Name MARTUCCI, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 776-B COUNTRY CLUB DR TITUSVILLE FL 32780 Zip Code City FL 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITLE Delete CARLSON, WAYNE L. MARTUCCI, MICHAEL NAME NAME STREET ADDRESS 776B Country Club Drive STREET ADDRESS 776-B COUNTRY CLUB DR Titusville, FL CITY-ST-ZIP 32780 CITY-ST-7/P TITUSVILLE FL ☐ Addition 🔀 Delete ☐ Change TITLE TITLE FRALEY, JOANNE NAME NAME STREET ADDRESS STREET ADDRESS 776-B COUNTRY CLUB DR CITY-ST-7IP CITY-ST-ZIP TITUSVILLE FL ☐ Change Addition ☐ Delete 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 Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME 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.

SIGNATURE:

MAY/MUCE DEQUMPchael Martucci

7/19/00

321-268-0868