FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 29, 2002 8:00 am Secretary of State P96000086994 **DOCUMENT #** 1. Entity Name 04-29-2002 90213 003 ***150.00 THE SINGH COMPANY Mailing Address Principal Place of Business PO BOX 5886 60 GOLF CLUB DRIVE KEY WEST FL 33040 KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4, FEI Number 65-0725374 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALUSON, JOHN R.III Street Address (P.O. Box Number is Not Acceptable) 100 S.E. SECOND STREET **SUITE 3350** Zip Code MIAMI FL 33131-2151 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE NAMÉ SINGLE, PINTAM NAME STREET ADDRESS 60 GOF CLUB DR STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME HAGEL, NANCY 9 Golf Club Drive y West, Fla. 33040 NAME STREET ADDRESS STREET ADDRESS **60 GOLF CLUB DR** CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ST TITLE RAPHEL, ROBERT D NAME NAME STREET ADDRESS 60 GOLF CLUB DR STREET ADDRESS CITY-ST-ZIP KEY WEST FL-33040 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME ALLISON, JOHN R III NAME STREET ADDRESS 100 SE SECOND ST. STE 3350 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-2151 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME 1 6 2 3 3 ... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 14 St. 54 ☐ Defete TITLE TITLE 1 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

CITY-ST-ZIP

Daytime Phone #