2003 FOR PROFIT CORPORATION

Apr 16, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P96000086994 DOCUMENT # 04-16-2003 90116 005 ***150.00 1. Entity Name THE SINGH COMPANY Principal Place of Business Mailing Address 279-GOLF CLUD OR. 279-GULF CLUD DR. KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address 010 Kennea 10 CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number 65-0725374 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALLISON, JOHN R III Street Address (P.O. Box Number is Not Acceptable) 100 S.E. SECOND STREET **SUITE 3350** MIAMI FL 33131-2151 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F TITLE Addition Delete NAME SINGLE, PINTAM NAME STREET ADDRESS 279 GOLF CLUB DR. STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE 1010Kennedy D NAME HAGEL, NANCY NAME STREET ADDRESS 279 GOLF CLUB DR. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP KEY WEST FL 33040 ____ Change TITLE ☐ Delete TITLE Addition NAME RAPHEL, ROBERT D NAME 1010 Kennedy Dr STREET ADDRESS STREET ADDRESS 279 Golf Club Dr. KEY WEST FL 33040 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition ALLISON, JOHN R III NAME NAME STREET ADDRESS 100 SE SECOND ST. STE 3350 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131-2151 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition

12. 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 cirector 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 10 or Block 11 if changed, or on an attachment

SIGNATURE:

FILED

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP