2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 583349 Jan 21, 2000 8:00 am Secretary of State 1. Entity Name DUNN'S AERIAL PHOTOGRAPHY INC. 01-21-2000 90128 044 ***150.00 Principal Place of Business Mailing Address P.O. BOX 15526 P.O. BOX 15526 WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33416-5526 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1846625 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DUNN, JAMES W. Street Address (P.O. Box Number is Not Acceptable) 15800 BARNSTORMER CT., WEST PALM BEACH FL 33414 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) DATE 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, 2000 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 OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition PTS TITI F ☐ Delete TITLE DUNN, JAMES W. NAME NAME STREET ADDRESS 15800 BARNSTORMER CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33414 ☐ Addition Change ☐ Delete τιτιε TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE 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-ZIP The second second ☐ Change ☐ Addition TITLE TITLE 图部设置设置的设置设置 ☐ Delete The Profile in NAME STREET ADDRESS STREET ADDRESS 1 CITY-ST-ZIP Change | ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-2000

561-795-0604

Daytime Phone #