2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 08:00 AM DOCUMENT # F0000004466 Entity Name **Secretary of State** WORLDCHOICETRAVEL.COM, INC. Principal Place of Business Mailing Address 630 U.S. HIGHWAY 1, SUITE 200 630 U.S. HIGHWAY 1, SUITE 200 NORTH PALM BEACH FL NORTH PALM BEACH FL 33408 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2317096 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANGELL CORPORATE SERVICES, INC. CT CORPORATION SYSTEM 250 ROYAL PALM WAY, SUITE 300 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PALM BEACH FL33480 US City Zip Code PLANTATION 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. VICKY GOLDSTEIN, SPECIAL ASST. SECRETARY 04/27/2001 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 \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE X Addition CR2E034 (11/00) ☐ Change MAME NAME DEL PINO GEORGE STREET ADDRESS STREET ADDRESS 220 CONGRESS PARK DRIVE CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH ☐ Delete TITLE X Change NAME MCINTOSH GREGORY NAME LUNA CHARLOTTE STREET ADDRESS 630 U.S. HIGHWAY 1, SUITE 200 STREET ADDRESS 220 CONGRESS PARK DRIVE CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP DELRAY BEACH FL33445 Delete TITLE X Change ☐ Addition WROBLEWSKI **JEAN** WROBLEWSKI NAME JEAN. STREET ADDRESS 630 U.S. HIGHWAY 1, SUITE 200 STREET ADDRESS 630 U.S. HIGHWAY 1, SUITE 200 CITY-ST-ZIP NORTH PALM BEACH 33408 FLCITY-ST-ZIP NORTH PALM BEACH FL. 33408 ☐ Delete TITLE **X** Change ☐ Addition MCINTOSH STEPHEN NAME SCHNIEDER RICK STREET ADDRESS 630 U.S. HIGHWAY 1, SUITE 200 STREET ADDRESS 630 U.S. HIGHWAY 1, SUITE 200 CITY-ST-ZIP NORTH PALM BEACH 33408 CITY-ST-ZIP NORTH PALM BEACH FL. 33408 TITLE Delete TITLE DVPS X Change ☐ Addition SNYDER WILLIAM NAME DOYLE PATRICK STREET ADDRESS 630 U.S. HIGHWAY 1, SUITE 200 STREET ADDRESS 220 CONGRESS PARK DRIVE CITY-ST-ZIP NORTH PALM BEACH 33408 CITY-ST-ZIP DELRAY BEACH FL33445 ☐ 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 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: PATRICK DOYLE, VICE PRESIDENT DVPS 04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #