2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 16, 2001 8:00 am Secretary of State DOCUMENT # F0000004883 1. Entity Name NEW FLIGHTS, INC. 04-16-2001 90267 018 ***150.00 Principal Place of Business Mailing Address C/O GARY WIDMAN C/O GARY WIDMAN 871 S.W. 56TH AVE 871 S.W. 56TH AVE MARGATE FL 33068 MARGATE FL 33068 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 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURGESS, SCOTT C ESQ Street Address (P.O. Box Number is Not Acceptable) 1041 S.E. 17TH STREET FT LAUDERDALE FL 33316 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE NAME NAME WIDMAN, GARY STREET ADDRESS STREET ADDRESS 871 S.W. 56TH AVE CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33068 Change ☐ Addition TITLE ☐ Delete TITLE WIDMAN, DEBORAH NAME NAME STREET ADDRESS STREET ADDRESS 871 S.W. 56TH AVE CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33068 Change __ Addition 🔀 Delete TITLE TITLE BURGESS, SCOTT C NAME NAME STREET ADDRESS STREET ADDRESS 1041 SE 17TH STREET, PENTHOUSE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33316 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

TYPEO OR PRINTED NAME OF SIGNING O