2003 FOR PROFIT CORPORATION

FILED Jan 17, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBF F01000003158 DOCUMENT # 1. Entity Name 01-17-2003 90045 040 ***158.75 KEN-GIL AVIATION, INC. Principal Place of Business Mailing Address 1400 CENTREPARK BLVD 1400 CENTREPARK BLVD 900 900 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address 2000 Glades 2000 Glades Suite, Apt. #, etc Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES SUITE # City & State 4. FEI Number Applied For 58-2629836 eton Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COHEN, FRED C Street Address (P.O. Box Number is Not Acceptable) 712 US HWY ONE NORTH PALM BEACH FL 33408 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 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 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (10/02)☐ Addition SPENSER, GILBERT NAME NAME 1400 CENTER PARK BLVD., SUITE 900 STREET ADDRESS 2000 Glades STREET ADDRESS WEST PALM BEACH FL CR2E034 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE COHEN, FRED C NAME NAME STREET ADDRESS 712 US HWY ONE STE 400 STREET ADDRESS NORTH PALM BEACH FL 33408 CITY-ST-7/P CITY-ST-ZIP Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS

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 10 or Block 11 if

STREET ADDRESS

CITY-ST-7IP

C/TY-ST-7IP