2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED Apr 17, 2000 8:00 am Secretary of State **DOCUMENT # F92934** 1. Entity Name SOUTHERN AIRPARKS, INC. 04-17-2000 90126 049 ***150.00 Principal Place of Business Mailing Address 7081 TAFT ST. 7499-PEMBROKE RD. HOLLYWOOD FL 33023 HOLLYWOOD FL 33024-3803 US 2. Principal Place of Business 3. Mailing Address ST. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. PMB 189 Applied For City & State 4. FEI Number City & State 36-32 18565 FU LYWOOD Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired 33024-3803 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUTLER, ALICE U. Street Address (P.O. Box Number is Not Acceptable) 7081 TAFT ST. #189 HOLLYWOOD FL 33024 Zin 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 DATE 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. **PSD** Change ☐ Addition TITLE TITLE ☐ Delete NAME BUTLER, ALICE U. NAME STREET ADDRESS 7081 TAFT ST., #189 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL [7] Change ☐ Addition ☐ Delete TITLE TITLE CLARK, DAVID A. NAME NAME STREET ADDRESS STREET ADDRESS 180 SW 125TH AVE. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL Change ☐ Addition ☐ Defete 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 TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition τιτι Ε ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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

BURER 04-10-00