2002 UNIFORM BUSINESS REPORT (UBR)

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

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Apr 29, 2002 8:00 am Secretary of State F93000002825 DOCUMENT # 1. Entity Name : BLM EB DAYTONA, INC. 04-29-2002 90051 036 ***150 00 Principal Place of Business Mailing Address 7000 CENTRAL PKWAY, NE 7000 CENTRAL PKWAY, NE SUITE 850 SUITE 850 ATLANTA GA 30328 ATLANTA GA 30328 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 58-2023753 Not Applicable Zip Country Country \$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 THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 📑 COLLINS, DOUGLAS C STREET ADDRESS 7000 CENTRAL PKWAY, NE SUITE 850 STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30328 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition LEE, ROBERT B NAME NAME STREET ADDRESS 7000 CENTRAL PKWAY, NE SUITE 850 STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30328 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MILLINS, JAMES L' NAME 7000 CENTRAL PKWY, NE. STE 850 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30328 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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

JAMES L. MUlliNS

4-11-2002 770-393-2662