2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 04, 2001 08:00 AM F99000003054 DOCUMENT# 1. Entity Name **Secretary of State** AVANTI COACH CORPORATION Principal Place of Business Mailing Address 4268 LOS ANGELES AVENUE 4268 LOS ANGELES AVENUE SIMI VALLEY CA SIMI VALLEY CA 930633366 930633366 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 88-0419041 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 Name SCHWARTZ DE NIER 8331 EPICENTER BLVD. Street Address (P.O. Box Number is Not Acceptable) 8331 EPICENTER BOULEVARD LAKELAND FL33809 US City Zip Code LAKELAND 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. DIDIER J. DE NIER 01/04/2001 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 ☐ Addition BOYD MAME LISA NAME 4268 LOS ANGELES AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SIMI VALLEY CA 93063 CITY-ST-ZIP \mathbf{v} X Delete TITLE ☐ Change NAME SCHWARTZ KEVIN NAME STREET ADDRESS 221 CATHERINE CT STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition DE NIER DIDIER NAME STREET ADDRESS 213 FAWN VALLEY COURT STREET ADDRESS CITY-ST-ZIP SIMI VALLEY CA 930656774 CITY-ST-ZIP TITLE ☐ Delete Сhапде TITLE 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 Delete TITLE ☐ 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.

01/04/2001

Daytime Phone #

Date

SIGNATURE: __Didier J. De Nier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)