Feb 20, 2002 8:00 am Secretary of State

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004048

1. Entity Name

ADVANTAGE VACATION HOMES BY STYLES, INC.

Principal Place of Business

Mailing Address

7799 STYLES BLVD KISSIMMEE FL 34747 530 OAK COURT DRIVE. SUITE 360

MEMPHIS TN 38117

| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | |
|--|---------|---|---|----------------------------|----------------|-------------------------------|
| | | | | | | |
| Zip | Country | Zip | Country | 5. Certificate of | Status Desired | \$8.75 Additi Fee Required |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | |
| | | | Name | | | |

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

| 7. Name and Address of New Registered Agent | | | | | |
|---|--|--|--|--|--|
| _ | | | | | |
| P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | |

FILED

02-20-2002 90148 044 ***150.00

| 8. 1 | 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. | | | | | | |
|------|--|--|------|--|--|--|--|
| | | | | | | | |
| SIG | SNATURE | | | | | | |
| | Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered Apent cignature required when reinstating) | DATE | | | | |

City

Street Address (

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For Not Applicable

.75 Additional

Zip Code

| 11. | OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|--|---|----------|---|--|-----------------|-------------------|
| TITLE NAME STREET ADDRESS CITY ST-ZIP | CEOD LEVINE, DAVID 530 OAK COURT DRIVE, SUITE 360 MEMPHIS TN 38117 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT SELBERG, DAVID 530 OAK COURT DRIVE, SUITE 360 MEMPHIS TN 38117 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS STANDARD, KELLY B 530 OAK COURT DRIVE, SUITE 360 MEMPHIS TN 38117 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/Gen Coun/Sec M. Ronald Halpern 530 Oak Court Dr., Suite 36 Memphis, TN 38117 | Change | ☆ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STYLES, JEAN 7799 STYLES BOULEVARD KISSIMMEE FL 34747 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS Karen M. Ray 530 Oak Court Dr., Suite 360 Memphis, 'IN 38117 | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C MURPHY, J SCOTT 530 OAK COURT DRIVE, SUITE 360 MEMPHIS TN 38117 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/Con | ⊊ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition |

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