


FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90174 039 ***150.00

DOCUMENT # J15909 1. Entity Name BALLOON WORLD AVIATION, INC.																											
Principal Place of Business 3211 VILLA WAY CIR ST CLOUD FL 34769 US				Mailing Address 3211 VILLA WAY CIR ST CLOUD FL 34769 US																							
2. Principal Place of Business				3. Mailing Address																							
Suite, Apt. #, etc.				Suite, Apt. #, etc.																							
City & State				City & State																							
Zip		Country		Zip		Country																					
6. Name and Address of Current Registered Agent																											
MARECEK, MELANIE 3211 VILLA WAY CIR ST CLOUD FL 34769						Name																					
						Street Address ()																					
						City																					
8. The above named entity submits this statement for the purpose of changing its registered office or registering agent. Signature _____ <small>(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State																											
OFFICERS AND DIRECTORS																											
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☐ CHECK HERE IF MAKING CHANGES

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div> </div>		<div> <input type="checkbox"/> Delete </div>	<div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div> </div>		<div> <input type="checkbox"/> Change </div>	<div> <input type="checkbox"/> Addition </div>
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12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Melanie Marecek (Melanie Marecek)^{ps} 2-21-03 407-963-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)