FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 12, 2001 8:00 am Secretary of State **DOCUMENT # K05121** 1. Entity Name AIR TIGHT INC. 01-12-2001 90031 043 ***150.00 Principal Place of Business Mailing Address 711 BAYSHORE DR 202 711 BAYSHORE DR 202 FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0203617 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired ___ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PERRY, WILLIAM G. Street Address (P.O. Box Number is Not Acceptable) 711 BAYSHORE DRIVE #202 FORT LAUDERDALE FL 33305 Zip Code City 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. (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Change ☐ Addition ☐ Delete TITLE PERRY, WILLIAM G. NAME NAME STREET ADDRESS STREET ADDRESS 711 BAYSHORE DRIVE #202 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL ☐ Addition ☐ Change ☐ Delete TITLE PERRY, WILLIAM G. NAME NAME STREET ADDRESS STREET ADDRESS 711 BAYSHORE DRIVE #202 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL Change ☐ Addition Delete TITLE 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-7IP ☐ Change ☐ Addition ☐ Delete TITLE 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

13. I hereby 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

II other like empowered

CITY-ST-ZIP

changed, or on an attachment with an address