2000 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2000 8:00 am Secretary of State DOCÚMENT # K35708 SEA DELL CORPORATION 05-04-2000 90147 017 ***150.00 Mailing Address Principal Place of Business 1155 CAMINO DEL VIENTOS 1158 CAMINO DEL VIENTOS MARATHON FL 33050 FL 33050 3. Mailing Address 2. Principal Place of Business 1158 CAMUD DEL VIENTOS 1158 CAMINO DEL VIENTOS DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0075779 MARATHON Not Applicable "IARATHON Country \$8.75 Additional Zip 5. Certificate of Status Desired MONROE Fee Required HONROE 3*3050* 3*05*0 -7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name ROSEMBAUM, ESTHER Street Address (P.O. Box Number is Not Acceptable) 1158 CAMINO DEL VIENTOS MARATHON FL 33050 Zin Code 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change □ Addition TITLE Delete TITLE NAME ROSENBAUM, MORRIS NAME STREET ADDRESS STREET ADDRESS 1158 CAMINO DEL VIENTOS CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 Change Addition TITLE ☐ Delete TITLE NAME ROSENBAUM, ESTHER STREET ADDRESS STREET ADDRESS 1158 CAMINO DEL VIENTOS CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 ☐ Change Addition Delete ----NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #