2001 UNIFORM BUSINESS REPORT (UBR)

May 22, 2001 8:00 am Secretary of State DOCUMENT # K81168 05-22-2001 90793 033 ***150.00 DREAM USA, INC. Principal Place of Business Mailing Address 000000 % Atlantia Holdings % Atlantia Holdings 910 S.E. 17th St., Suite 300 910 S.E. 17th St., Suite 300 Ft. Lauderdale, FL 33316 Ft. Lauderdale, FL 33316 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 65-0115844 Not Applicable Zip Country 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 WAGNER, J. C/O KB HOLDINGS Wagner, J. 647 E. DANIA BEACH BLVD. % Atlantia Holdings DANIA BEACH FL 33004 910 SE 17th St., # 300 Zip Code Ft. Lauderdale, FL 33316 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) ne 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 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD TITLE TITLE **BOULIS, GUS** NAME NAME Bailey, William A. STREET ADDRESS 647 E. DANIA BEACH BLVD STREET ADDRESS % Atlantia Holdings 910 SE 17th St., # 300 CITY-ST-7IP DANIA BEACH FL 33004 CITY-ST-ZIP Ft. Lauderdale, FL 33316 TITLE ☐ Delete TITLE NAME NAME Farrell, James B. STREET ADDRESS STREET ADDRESS 910 SE 17th St., #300 CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale, FL 33316 ☐ Delete TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ■ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Addition NAME 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.

Daytime Phone #

FILED