2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 31, 2005 8:00 am Secretary of State DOCUMENT # K90216 1. Entity Name VACATION NETWORK, INC. Principal Place of Business Mailing Address 3400 N E 34TH ST 3400 N E 34TH ST 50008675 FT LAUDERDALE, FL 33308 FT LAUDERDALE, FL 33308 3. Mailing Address 2. Principal Place of Business 3000 N.E. 304h Place 000 N.E 30th Suite, Apt. #, etc. 01252005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For 65-0146841 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHARLES B. DUNN Street Address (P.O. Box Number is Not Acceptable) Suite #410 3400 N.E. 34TH STREET FT. LAUDERDALE, FL 33308 auderdale 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE D ☐ Delete Change ■ Addition TITLE President NAME DUNN, CHARLES B. NAME thaces B. Dunn 1529 MIDDLE RIVER DR STREET ADDRESS STREET ADDRESS 3000 N.E. 30th Place Suite #410 Ft. Lauderdale Fz 33306 CITY-ST-ZIP FT LAUDERDALE, FL CITY-ST-ZIP ■ Addition TITLE ☐ Defete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

FILED