2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # L71569** Jul 18, 2000 8:00 am Secretary of State 1. Entity Name HILTON JOHNSON SEMINARS, INC. 07-18-2000 90091 044 ***550.00 Principal Place of Business Mailing Address 224 COMMERCIAL BLVD. 224 COMMERCIAL BLVD. SUITE 200 SUITE 203 LAUDERDALE-BY-THE-SEA FL 33308 LAUDERDALE-BY-THE-SEA FL 33308 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0193274 Not Applicable Zip Country -Zip *Country* - ** \$8.75 Additional -5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOHNSON, HILTON Street Address (P.O. Box Number is Not Acceptable) 224 COMMERCIAL BLVD SUITE 393 みつろ LAUDERDALE-BY-THE-SEA FL 33308 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Delete TITLE HILTON JOHNSON TITLE NAME 3500 GALT OCPANIORIVE JOHNSON, HILTON NAME STREET ADDRESS STREET ADDRESS 3700 GALT OCEAN DR FT. LANDRADALE, FL33308 CITY-ST-ZIP CITY-ST-7IE FT LAUDERDALE FL Addition ST Delete TITLE TITI F LISA JOHNSON 3500 GALT OCEAN DRIVE NAME Johnson, Hilton NAME STREET ADDRESS STREET ADDRESS 3700 GALT OCEAN DR FT. LAUDERDALE FL 33308 CITY-ST-7/P CITY-ST-ZIP FT L'AUDERDALE FL ☐ Change ☐ Addition ☐ Delete THE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IF ☐ Change Addition TITL F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

HIGHET WELSE OF BIRED RIGHT OF SIGNING OFFICER OR DIRECTO

7/11/00

Daytime Phone #