CR2E083 (5/00

2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L99000002339 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name CHARTER AIRLINE SERVICES, LLC 00 JUL 31 PM 1:25 Principal Place of Business Mailing Address 2929 E. COMMERCIAL BLVD., SUITE 701 2929 E. COMMERCIAL BLVD., SUITE 701 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REPOSA, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 2929 E. COMMERCIAL BLVD., SUITE 701 FORT LAUDERDALE FL 33308 Zip Code City 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 \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. TITLE ☐ Change ☐ Addition TITLE MGRM Derete REPOSA, RICHARD A NAME NAME STREET ADDRESS STREET ADDRESS 2929 E. COMMERCIAL BLVD., SUITE 701 CITY-ST-ZIP CITY-ST-7/P FORT LAUDERDALE FL 33308 ☐ Addition ☐ Change Delete TITLE 800003350028----08/08/00--01097--<u>01</u>4 NAME NAME STREET ADDRESS STREET ADDRESS *****50.00 CATY-ST-ZIP *****50.00 CITY-ST-ZIP ☐ Addition Change ☐ Defete 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-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

HINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE AND TYPED OR