LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am Secretary of State 05-28-2002 91532 013 ****50.00 DOCUMENT # M000000000779 1. Entity Name AGORA TRAVEL, LLC 867388 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 14 West Mount Vernon Place 14 West Mount Vernon Place Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Baltimore, Maryland Baltimore, Maryland 52-2108305 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 21201 21201 USA Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 235 NE Fourth Avenue City Delray Beach 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, typed or printed name of registered agent and title if applicable. DATE FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. TITLE MGRM NAME NAME Myles Norin 202 E. Pratt St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-2ip COY- ST-712 TITLE ЩŒ NAME MAME STREET ADDRESS STREET ADORESS DO NOT WRITE CITY - ST - ZIP CITY-ST-ZIP TITL F TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME. STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY ST 7P TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY+ST-ZIP

11. 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 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

(410) 783-8421