2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 04, 2001 8:00 am Secretary of State **DOCUMENT # M91942** PONCE DE LEON RESORT AND CONVENTION CENTER, INC. 05-04-2001 90133 025 ***150.00 Principal Place of Business Mailing Address 4000 U.S. HWY 1 NORTH 1155 15TH STREET, NW POBOX98 STF 811 00059975 ST. AUGUSTINE FL 32095 WASHINGTON DC 20005 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 52-2919838 Applied For Not Applicable Zip Country Zip 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 BAILEY, JOHN D JR Street Address (P.O. Box Number is Not Acceptable) 780 N. PONCE DE LEON BLVD. ST. AUGUSTINE FL 32084 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Pane L. Weatherly Addition JIN-HYUN, AHN NAME NAME 1155 15th St. NW, Suste 811 1155 15TH ST, NW, STE 811 STREET ADORESS STREET ADDRESS Washington. DC 20005 CITY-ST-ZIP WASHINGTON DC CITY-ST-ZIP Delete TITLE Change TITLE Addition Jane L. Weatherly Suite 811 AHN, JIN-HYUN NAME NAME 1155 15TH STREET, NW, STE 811 STREET ADDRESS STREET ADDRESS WASHINGTON DC CITY-ST-ZIP CITY-ST-ZIP washington, DC 20005 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITEF Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR