2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2001 8:00 am Secretary of State DOCUMENT # N9400001194 05-15-2001 90089 009 ****70.00 WORLD TREE, INC. Principal Place of Business Mailing Address 990 NORTH EAST 89TH TERRACE 990 NORTH EAST 89TH TERRACE MIAMI FL 33138 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0499797 Not Applicable Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) SINGER, BERNARD A 4700 SHERIDAN STREET, STE. B HOLLYWOOD FL 33321 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE Addition FEATHERSTONE, JOHN NAME NAME 990 NORTH EAST 89TH TERRACE STREET ADDRESS STREET ADDRESS 3R2E037 CITY-ST-ZIP MIAMI FL 33138 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition GERARD, MOLLY NAME NAME STREET ADDRESS 990 N.E. 89TH TERRACE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP MIAMI FL 33138 Delete TITLE Change ☐ Addition TITLE FEATHERSTONE. ARTHUR K NAME NAME 7304 IVY HILL LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WAXHAW NC 28173 CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete TEAGUE, MOLLIE F NAME NAME STREET ADDRESS 107 ADECK ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BELMONT NC 28012** ☐ Delete TITLE TITLE ☐ Change ☐ Addition 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

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 617, 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.

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