FILED

2003 FOR PROFIT CORPORATION

Apr 25, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P00000026225 **DOCUMENT #** 04-25-2003 90293 034 ***150 00 1. Entity Name EIGHT SIXTY SOUTH OCEAN BOULEVARD, INC. Mailing Address Principal Place of Business 1107 N. OLIVE AVE 1107 N. OLIVE-AVE WEST-PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address 2323 ARRCA (323 ARECA Suite, Apt. #, etc Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0997658 FloRIDA KATON TIGROA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired U SA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BYRD, WADE R Street Address (P.O. Box Number is Not Acceptable) 350 ROYAL PALM WAY SUITE 409 PALM BEACH FL 33480 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Delete Director Addition TITLE TITLE ELIAS, WILLIAM D D. Elias William ' NAME NAME 1107 N. OLIVE AVE 1107 No. Olive Avenue STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP West PALM BEACH, FL ☐ Addition Delete TITLE ☐ Change TITLE SYLVESTER, HARCOÜRT M JR. NAME NAME 1107 N. OLIVE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP Delete Change DVP ☐ Addition TITLE TITI F MCCOY, JOHN NAME NAME McCOY 1107 N. OLIVE AVE STREET ADDRESS STREET ADDRESS renue WEST PALM BEACH FL 33401 CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition ARANOA, DAWN NAME NAME 1107 N. OLIVE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP TITLE ☐ Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS reca Palm Road CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 607, 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.

SIGNATURE:

Daytime Phone #