2001 UNIFORM BUSINESS REPORT (UBR) Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P0000032516 PENET LAND CORPORATION 04-16-2001 90021 019 ***158.75 Principal Place of Business Mailing Address 501 E. Kennedy Blyd.. Suite 1500 501 E: Kennedy Blvd.: Suite 1500 TAMPA FL 33601-TAMPA FL 33001 529004 2. Principal Place of Business 3. Mailing Address 4615 GULF BLUD. 4615 GOLF BLUD Suițe, Apt. #, etc. # 104 - 145 # 104-145 **TAX 4** Applied For City & State 4. FEI Numbe ST-PETER Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33706 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PENESDORFER JACOBSON: RICHARD-A-501 E. KENNEDY BLVD., SUITE 1500 _TAMPA-FL-33601 8. The above named entity submits this statement for the purpose of changing its registered office and fittle if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE ☐ Delete TITLE PENETSDORFER, ROLAND NAME 4615 GULF BLVD, # 104-145 501-E. KENNEDY BLVD., SUITE 1500 STREET ADDRESS STREET ADDRESS ST. PETE BEACH, FL 3370 4 TAMPA FL 33601~ CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAM