2001 UNIFORM BUSINESS REPORT (UBR) May 17, 2001 8:00 am Secretary of State DOCUMENT # P00000092735 1. Entity Name 05-17-2001 90380 023 ***550.00 ONLINE VACATION CENTER, INC. Principal Place of Business Mailing Address 650 SAN MARCO DRIVE 650 SAN MARCO DRIVE FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 2. Principal Place of Business 5 Section 15 Section 15 Section 15 Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc. Commercia DO NOT WRITE IN THIS SPACE nit Lauderdale 4. FEI Number City & State Applied For City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent B-Kudnec RUDNER, EDWARD B Street Address (P.O. Box Number is Not Acceptable) 650 SAN MARCO DRIVE FORT LAUDERDALE FL 33301 Commercial 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. 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE TITLE ☐ Defete RUDNER, EDWARD B NAME NAME 1518 E. Commeccial Blud STREET ADDRESS 650 SAN MARCO DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 TITLE □ Delete TITLE NAME NAME 1518 E. Commercial Blud STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME Commercial Blud STREET ADDRESS STREET ADDRESS CASSISTANT SECRETARY) Change Balpis Rudine Cal Blod. 518 E. Commercial Blod. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Louderdak 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

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NAME

STREET ADDRESS

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CITY-ST-7IP

☐ Delete

☐ Delete

Jill M. Vales Via Plas . CFO . Secretary

☐ Addition

☐ Change