2003 FOR PROFIT CORPORATION

May 06, 2003 8:00 am & Secretary of State **FILED UNIFORM BUSINESS REPORT (UBR)** P00000093845 DOCUMENT # 05-06-2003 90029 026 ***150.00 1. Entity Name PENN FLORIDA VENTURE V. INC. Principal Place of Business Mailing Address 1515 NORTH FEDERAL HIGHWAY SUITE 306 1515 NORTH FEDERAL HIGHWAY SUITE 306 **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1059405 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAMRADT, RUSSELL T ESQ Box Number is Not Acceptable) C/O AKERMAN SENTERFITT & EIDSON PA 777 SOUTH FLAGLER DRIVE SUITE 900 E TOWER WEST PALM BEACH FL 33401 Beach Gurdens 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 ed Agent signature required when reinstature) 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. CR2E034 (10/02) TITLE ☐ Delete TITLE ☐ Change Addition GENSHEIMER, MARK A NAME NAME 1515 NORTH FEDERAL HIGHWAY SUITE 306 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-7IP ☐ Change Delete TITLE Addition TITLE AYERLE, ROBERT A NAME NAME STREET ADDRESS 1515 NORTH FEDERAL HIGHWAY SUITE 306 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33432 CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Change ■ Addition LAWRENCE, JOHN NAME NAME 1515 NORTH FEDERAL HIGHWAY SUITE 306 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes of 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

CITY-ST-ZIP

Daytime Phone #