FILED 2002 UNIFORM BUSINESS REPORT (UBR) Mar 04, 2002 8:00 am Secretary of State DOCUMENT # P00000106840 1. Entity Name 03-04-2002 90029 008 ***150.00 TRAPANI INC. Principal Place of Business Mailing Address 5150 N TAMIAMI TRAIL, NEW GATE TOWER. #205 5150 N TAMIAMI TRAIL. NEW GATE TOWER. #205 NAPLES FL 34103 NAPLES FL 34103 3. Mailing Address 2. Principal Place of Busines 5750 North TAMIEMI 1RAIL 5150 Suite, Apt. #, etc. New GATE Tower -Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite City & State Applied For 4085 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TRAPANI, ANTHONY W lumber is Not Acceptable) 5150 N TAMIAMI TRAIL, NEW GATE TOWER, #205 NAPLES FL 34103 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Chairnar of Board + PRESIDENT. Delete S.T. Change ☐ Addition TITLE TITLE Authory W TRAPAN; 5150 North TANKAKITRAI - Suite 504 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPles TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition

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

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP