SIGNATURE:

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FII FI) DOCUMENT # P01000004370 03 DEC -9 PM 1:33 1. Entity Name WINDOOR, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2000 DIVERSIFIED WAY 2000 DIVERSIFIED WAY ORLANDO, FL 32804-5104 ORLANDO, FL 32804-5104 2. Principal Place of Business 3. Mailing Address 1978 Stanhome Way 1978 Stanhome Way Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Orlando, Florida Applied For Orlando, Florida 4. FEI Number 59-3689570 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32804-5104 32804-5104 Orange Orange Fee Required - - 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jeffrey M. Koltun, Esquire CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET #200 Street Address (P.O. Box Number is Not Acceptable) 557 North Wymore Road MIAMI BEACH, FL 33139 Suite 100 Çity Zip Code Maitland 32751 of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of reg SIGNATURE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR Is \$61.25 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS CR2E034 (10/02) TITLE TOLE 🔀 Change Addition ☐ Delete R. Frank Lukens, Jr. NAME LUKENS, R. FRANK JR NAME 1978 Stanhome Way 8735 BAY RIDGE BLVD STREET ADDRESS STREET ADDRESS ORLANDO, FL 32819 Orlando, Florida 32804-5104 CITY-ST-ZP CITY-ST-2IP DVPS TITLE Delete TITLE ☐ Change - XAddition NAME NAME Russell J. Traficante STREET ADDRESS STREET ADDRESS 1978 Stanhome Way CITY-ST-ZIP CITY-ST-ZIP 32804-5104 Orlando, Florida Delete TITLE TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS 011Y-51-7P CITY-ST-2IP Change ☐ Addition TITLE 🗀 Delete TOLE NAME NAME **30002533971**3 12/03/03--01019--005 \*\*61 STREET ADDRESS STREET ADDRESS C0Y-S1-7P CITY-ST-2IP ■ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ANDRESS CITY-5T-2IP CITY-ST-2IP TITLE ☐ Delete TITLE [] Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP City-st-2iP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3XI). 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 507, 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.