2003 FOR PROFIT CORPORATION

Apr 17, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR P01000024929 DOCUMENT # 1. Entity Name 04-17-2003 90624 010 ***150.00 NBN MARINE, INC. Principal Place of Business Mailing Address 2440 SE FEDERAL HWY #107 1340 US HIGHWAY ONE STUART FL 34994 102 JUPITER FL 33469 2. Principal Place of Business 3. Mailing Address 1340 05 40 US Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 102 07 4. FEI Number Applied For City & State City & State 65-1090918 upiter 01721 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired PAIN BEACH Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PISANO, GARY Address (P.O. Box Number is Not Acceptable) 2440 SE FEDERAL HWY #107 STUART FL 34994 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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change ☐ Addition TITLE TITLE ☐ Delete PISANO, GARY NAME NAME 2440 SE FEDERAL HWY #107 STREET ADDRESS STREET ADDRESS STUART FL 34994 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change 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 ☐ Delete TITI F TITLE

12. 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 10 or Block 11 if changed or on an attachment with an address with all other like empowered

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

Daytime Phone #

☐ Change

☐ Addition