05-21-2002 91213 050 ***150.00 2002 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P01000061886 1. Entity Name 02 JUN 19 AM 9: 33 MARTNI HOLDINGS VII, INC. SECRETARY OF STATE TALLAHASSEE. FLORIDA Mailing Address Principal Place of Business 5728 MAJOR BLVD., STE. 601 5728 MAJOR BLVD., STE. 601 ORLANDO FL 32819 ORLANDO FL 32819 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State Not Applicable City & State \$8.75 Additional Country Zip 5. Certificate of Status Desired Country Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) KHATIB. RASHID A 5728 MAJOR BLVD., STE. 601 ORLANDO FL 32819 Zio Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS CR2F034 (9/01) ☐ Addition 11. ☐ Change TITLE ☐ Delete TITLE NAME KHATIB, RASHID A NAME STREET ADDRESS 5728 MAJOR BLVD., STE. 601 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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^{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.