Apr 25, 2003 8:00 am Secretary of State

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2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P01000067803 DOCUMENT # 04-25-2003 90157 007 ***150.00 1. Entity Name HOLLYWOOD AIRCRAFT INTERIORS, INC. Principal Place of Business Mailing Address 7401 SW 13 ST -141-SW-52-TERRACE_ PLANTATION FL 33317 SUITE 1 PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-3737417 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COBIELLES, MARTA Street Address (P.O. Box Number is Not Acceptable) ~7401-SW-13-ST~ PLANTATION FL 33317 302 SW 61 AV Plantation Pl Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 П 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. ☐ Addition TIT! F ☐ Delete TIT! F Change COBIFLLES, MARTA NAME NAME 141 SW 52 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition

12. Thereby 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 COBIELLES

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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☐ Delete

Daytime Phone #

☐ Change

Addition