2003 FOR PROFIT CORPORATION Mend prent UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25955 1. Entity Name OMNIFLIGHT HELICOPTERS, INC.				FILED 03 OCT -9 AU O: 45		
Principal Place of Business 4650 AIRPORT PARKWAY ADDISON TX 75001 US		Mailing Address 4650 AIRPORT PARKWAY ADDISON TX 75001 US		O3 OCT -9 AM 9 45 SECRETARY OF STATE		
2. Principal F	Place of Business	3. Mailing Address		I (BOULDAY ING LIGHT STUDE ANIEL OTHER		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 75-2192527 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
			Name			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			Street A	Street Address (P.O. Box Number is Not Acceptable)		
PLANIAII	UN FL 33324					
			City FL Zip Code			
the obligat	tions of registered agent.	or the purpose of changing its	s registered office of	or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registered Agent signat	nature required when reinstating) DATE		
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD PARKER, JOANN 4650 AIRPORT PKWY ADDISON TX 75001	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARK JOHNSON Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD SHRIEVES, JOHN 4650 AIRPORT PRKY ADDISON TX 75001	Delete	NAME STREET ADDRESS CITY-ST-ZIP	President Addition Gaylan Crowell Gaylan Growell Addison TR 75001		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CROWELL, GAYLAN A 4650 AIRPORT PKWY ADDISON TX 75001	∑ Delete · ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Addison TR 75001 CFO Michael WMderschaid ASSO Airport PLNY Addison TR 75001		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CGO	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TODO23656027		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition		

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.

SIGNATURE.

SIGNATED = REQUIRED

8/26/03

Daytime Phone #