2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 17, 2001 8:00 am³ Secretary of State DOCUMENT # P93000016569 05-17-2001 90413 003 ***150.00 WINGS OF THE WORLD, INC. Principal Place of Business Mailing Address 2601 PAULORI SOURT DRIVE 2601 PAULORI GOURT DROUGE ORLANDO FL 32835 ORLANDO FL 32835 2. Principal Place of Business 3. Mailing Address 260 PAU6 Suite, Apt. #, etc. 2601 Pauloni DRIVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City_& State 4. FEI Number Applied For 59-3171000 ORLANDO OCUA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 50 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent MANZONELLI, CARMEN Street Address (P.O. Box Number is Not Acceptable PAULOZI 2601 PAULORI GOURT DRIVE ORLANDO FL 32835 RLAND, 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE 6 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 11. 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Addition Change Change MANZONELLI, CARMEN NAME STREET ADDRESS 2601 PAULORI COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando Fl TITLE ☐ Delete TITLE Change □ Addition MANZONELLI, MICHELLE NAME NAME STREET ADDRESS STREET ADDRESS 2601 PAULORI COURT CITY-ST-ZIP CITY-ST-7IP ORLANDO FL TITLE — □ Delete – TITLE ☐ Change Addition MANZONELLI, RITA NAME NAME STREET ADDRESS STREET ADDRESS 2601 PAULORI COURT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

Daytime Phone #