2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9300060140 Apr 11, 2000 8:00 am Secretary of State 1. Entity Name BRIGHT STAR RESORTS, INC. 04-11-2000 90002 040 ***150.00 Principal Place of Business Mailing Address 4401 SILVER WILLOW CT 4533 W. IRLO BRONSON MEM HWY KISSIMMEE FL 34746 ORLANDO FL 32835-2557 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3202249 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOCH, JEFFREY H Street Address (P.O. Box Number is Not Acceptable) 4401 SILVER WILLOW COURT ORLANDO FL 32835 Zip Code City 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 . (NOTE: Registered Agent signature required when reinstating) opticable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition Delete TITLE KOCH. JEFFREY H NAME NAME 4401 SILVER WILLOW COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32835 TITLE ☐ Change ☐ Addition ☐ Delete TEITELBAUM, MARK E NAME 1810 NORTH KENTUCKY STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **ARLINGTON VA 22205** ☐ Change ☐ Addition ☐ Delete TITLE 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 ☐ Addition ☐ Change ☐ Delete TITLE 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-7IP

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.

SIGNATURE

LEGOVE Jeffrey H. Koch

1/3/00 407-397-1700 ext. 109

Daytime Phone #