2001 UNIFORM BUSINESS REPORT (UBR) May 02, 2001 8:00 am Secretary of State DOCUMENT # P9400000454 1. Entity Name 1978 HOLDINGS INCORPORATED 05-02-2001 90195 021 ***150.00 Principal Place of Business Mailing Address 1216 W WASHINGTON ST 2100 S ORANGE AVE **ᲡᲬᲬᲜ**ᲬᲬᲡ ORLANDO FL 32806 ORLANDO FL 32805 US the empt of a 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3216173 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAQUINTO, FRANK V Street Address (P.O 1216 W WASHINGTON STREET ORLANDO FL 32808 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. fapplicable, SQ \(\hat{NOT}\): Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D751 ☐ Addition DST TITLE Change Delete CRISANTE, MICHAEL C. J NAME STREET ADDRESS STREET ADDRESS 1216 W WASHINGTON STREET CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change ☐ Addition 🛣 Delete TITLE TITLE IAQUINTO, FRANK V NAME NAME STREET ADDRESS STREET ADDRESS 1216 W WASHINGTON STREET CITY-ST-ZIP City-ST-7IP Orlando fl ☐ Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE. NAME NAMÉ STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition