2001 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P9400004059 1. Entity Name JSC-ORLANDO, INC. 05-03-2001 90089 021 ***150.00 Mailing Address Principal Place of Business 4890 ALPHA RD 4890 ALPHA RD **STF 100 STE 100** DALLAS TX 75244 DALLAS TX 75244 US US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 75-2527947 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE □ Delete TITLE SHAW, LEWIS W II RJ. STE 100 NAME NAME 4890 ALPHA RD. STE #100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DALLAS TX 75244 CITY-ST-7IP Change ☐ Delete TITLE PETTIT, JESSE W NAME NAMÉ 4890 ALPHA RD, STE #100 STREET ADDRESS STREET ADDRESS DALLAS TX 75244 CITY-ST-ZIP CITY-ST-ZIP Addition Delete Change VST TITLE TITLE KURTH, STEPHEN S -- -NAME NAME 4890 ALPHA ROAD STE 100 STREET ADDRESS STREET ADDRESS DALLAS TX 75244 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete 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-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 not 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, the reserver or thatee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information s indicated on this report or suppleme of the corporation of address, with all other like empowered. changed, or op an attachment

Daytime Phone #

SIGNATURE

SNATURE AND TYPED OR PRINTED NAME OF