2001 UNIFORM BUSINESS REPORT (UBR) Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P94000046974 SEA LION OCEAN FREIGHT, INC. 04-10-2001 90122 018 ***150.00 Principal Place of Business Mailing Address 5201 W. KENNEDY BLVD., STE. 530 5201 W. KENNEDY BLVD., STE, 530 TAMPA FL 33609 TAMPA FL 33609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3251796 Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRIFFIN, THOMAS L Street Address (P.O. Box Number is Not Acceptable) 9491 N. FOREST HILLS CIRCLE **TAMPA FL 33612** City Zip Code 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 (NOTE: 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Addition ☐ Change ☐ Delete TITLE 11111.5 GRIFFIN. THOMAS L NAME NAME 9491 N. FOREST HILLS CIRCLE STREET AUDRESS STREET ADDRESS CITY-ST-ZIF **TAMPA FL 33612** CITY-ST-ZIP Change Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change □ Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ■ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition JAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SE-ZIP HILE ☐ Defete TITLE ☐ Change Addition JAME NAME STREET ADDRESS STREET ADDRESS 31Y+S1-7/P CITY-ST-ZIP 3. Thereby 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 withoddress, with all other like empowered. 01-09-01 813-282-0050 SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR