2001 UNIFORM BUSINESS REPORT (UBR)

May 24, 2001 8:00 am Secretary of State DOCUMENT #: P94000050068 05-24-2001 90006 014 ***150.00 WHALE INLET CORP. Principal Place of Business Mailing Address C/O KB HOLDINGS C/O KB HOLDINGS 647 DANIA BEACH BLVD 647 DANIA BEACH BLVD DANIA BEACH FL 33004 DANIA BEACH FL 33004 2. Principal Place of Business 3. Mailing Address % Atlantia Holdings DO NOT WRITE IN THIS SPACE % Atlantia Holdings 910 S.E. 17th St., Suite 300 910 S.E. 17th St., Suite 300 4. FEI Number Applied For Ft. Lauderdale, FL 33316 65-0501646 Ft. Lauderdale, FL 33316 Not Applicable \$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 WAGNER, J C/O KB HOLDINGS Wagner, J. 647 EAST DANIA BEACH BOULEVARD % Atlantia Holdings DANIA BEACH FL 33004 910 SE 17th St., # 300 Zip Code Ft. Lauderdale, FL 33316 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 IS \$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 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSTD Delete NAME BOULIS, GUS Bailey, William A. STREET ADDRESS STREET ADDRESS C/O KB HOLDINGS / 647 E. DANIA BCH BLVD % Atlantia Holdings CITY-ST-7IP CITY-ST-ZIP DANIA BEACH FL 33004 910 SE 17th St., # 300 TITLE ☐ Defete TITLE Ft. Lauderdale, FL 33316 Addition NAME NAME STREET ADDRESS Farrell, James B. STREET ADDRESS CITY-ST-ZIP % Atlantia Holdings CITY-ST-ZIP 910 SE 17th St., #300 ☐ Delete TITLE Addition Ft. Lauderdale, FL 33316 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change 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.

ING OFFICER OR DIRECTOR

FILED