2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 22, 2000 08:00 AM DOCUMENT # P96000028641 1. Entity Name **Secretary of State** MEGA FLIGHT, INC. Principal Place of Business Mailing Address 3144 HASSI POINT 3144 HASSI POINT LONGWOOD FL LONGWOOD FL 32779 32779 US 2. Principal Place of Business 3. Mailing Address 1200 FLIGHTLINE BLVD. 1200 FLIGHTLINE BLVD. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SHITE #9 SHITE #9 City & State City & State 4. FEI Number Applied For DELAND FL DELAND FL 59-3371664 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32724 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MITCHEL SESQUIRE PEDATA MARTIN AESO. RIGGIO & MITCHELL, P.A. Street Address (P.O. Box Number is Not Acceptable) 400 SOUTH PALMETTO AVENUE 1200 FLIGHTLINE BLVD. DAYTONA BEACH FL SUITE #8 32114 City Zip Code 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. 08/22/2000 MARTIN A. PEDATA (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE Change ☐ Addition ROSENBERG RONALD NAME STREET ADDRESS 3144 HASSI POINT STREET ADDRESS CITY-ST-ZIP LONGWOOD 32779 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-718 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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