FILED

4/16/01 (407)354-2200

2001 UNIFORM BUSINESS REPORT (UBR)

May 02, 2001 8:00 am DOCUMENT # P96000048617 Secretary of State 1. Entity Name MARTNI II, INC. 05-02-2001 90106 042 ***150.00 Principal Place of Business Mailing Address 5401 KIRKMAN ROAD 5401 KIRKMAN ROAD SUITE 725 SUITE 725 ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address 5728 MAJOR 5728 MAJOR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite , ide City & State 4. FEI Number Applied For 59-3382979 Orland Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 3281 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KHATIB, RASHID A Street Address (P.O. Box Number is Not Acceptable) 5401 KIRKMAN ROAD SUITE 725 5728 MAJOR BLVD., STE. 601 ORLANDO FL 32819 ORLANDO FL 32819 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. 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 **\$5.00** May Be 10. Election Campaign Financing 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) OPST ☐ Addition ☐ Delete TITLE TITLE KHATIB, RASHID A NAME NAME 5728 MAJOR BLVD., STE. 601 STREET ADDRESS STREET ADDRESS 5401 KIRKMAN ROAD, SUITE 725 CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZiP ORLANDO FL 32819 TITLE ☐ Delete TITLE Addition NAME KHOURI, ZAHI W NAME STREET ADDRESS STREET ADDRESS 5401 KIRKMAN ROAD, SUITE 725 5728 MAJOR BLVD., STE, 601 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ORLANDO FL 32819 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of the corporation or the receiver or trustee empowered to execute this logarity changed, or on an attachment with an address, with all other like empowered Ashid A Khatib

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR