2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 08:00 AM P96000051449 DOCUMENT# 1. Entity Name **Secretary of State** O.T.T. TOURS & TRANSPORTATION, INC. Principal Place of Business Mailing Address 5773 PARKVIEW LAKE DR 5773 PARKVIEW LAKE DR ORLANDO FL ORLANDO FL32821 32821 2. Principal Place of Business 3. Mailing Address 7061 GRAND NATIONAL DRIVE 7061 GRAND NATIONAL DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE: 107F SUITE: 107F City & State City & State 4. FEI Number Applied For ORLANDO FL ORLANDO 59-3385841 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32819 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMAS MARIO SIMAS 5773 PARKVIEW LAKE DR Street Address (P.O. Box Number is Not Acceptable) 7061 GRAND NATIONAL DRIVE ORLANDO FL32821 US City Zip Code ORLANDO 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. MARIO SIMAS JR. 04/30/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PVST TITLE ☐ Delete TITLE ☐ Addition MAME STMAS MARIO .TR NAME 4860 CHALFONT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32837 CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Сhапде Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. SIGNATURE: MARIO SIMAS JR. 04/30/2001

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)