2003 FOR PROFIT CORPORATION **ÚNIFORM BUSINESS REPORT (UBR)**

Apr 04, 2003 8:00 am Secretary of State P96000053657 DOCUMENT # 04-04-2003 90077 050 ***150.00 1. Entity Name NASC DEVELOPMENT CORP. Principal Place of Business Mailing Address ONE NORTH CLEMATIS STREET ONE NORTH CLEMATIS STREET SUITE 305 SUITE 305 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 65-0805813 Not Applicable Zip Country Zip 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 WIENER, DAVID J Street Address (P.O. Box Number is Not Acceptable) ONE NORTH CLEMATIS STREET SUITE 305 WEST PALM BEACH FL 33401 City Zip Code The above named en statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of red SIGNATURE egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Addition Delete TITLE PRESTON, JOHN W.S. .NAME NAME ONE NORTH CLEMATIS STREET SUITE 305 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 *CITY-ST-ZIP CITY-ST-ZIP VST TITLE ☐ Delete TITLE Change ☐ Addition GREEN, ROBERT S NAME NAME 2851 JOHN STREET SUITE ONE STREET ADDRESS STREET ADDRESS MARKHAM, ONTARIO CAN. L3R5R7 CITY-ST-ZIP CITY-ST-ZIP TITLE DVAS TITLE DVAS Change X Delete Addition BERNICK, LARRY NAME NAME Hamilton, Tom ONE NORTH CLEMATIS STREET SUITE 305 STREET ADDRESS STREET ADDRESS One North Clematis Street, Sutie 305 WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP West Palm Beach, FL 33401 Change Delete TITI F ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP TITLE TITLE Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME

12. 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 10 or Block 11 if changed, or on an attachment with

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

2-25-03

Date

561-835-1810

FILED

Daytime Phone #