FOR PROFIT CORPORATION **FILED UNIFORM BUSINESS REPORT (UBR)** May 13, 2002 8:00 am Secretary of State DOCUMENT # PYO 05-13-2002 90148 004 ***150.00 AERIAL AMERICA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1628 DAUE MABRY 1628 DALE MABRY Suite, Apt. #, etc. # 102 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #102 City & State City & State 4.59 Number 12528 Applied For ムナマ Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired us A Fee Required 7. Name and Address of Current Registered Agent Weriously DO NOT WRITE WHITWORTH Mary J. IN THIS SPACE Miller 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 \$5.00 May Be Amended UBR is \$61.25 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS PD TITLE MARY J. WHITWORTH NAME STREET ADDRESS 707 CHAVILLE ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE DDF NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied indicated on this report or supplemental of the corporation or the receiver of the attachment with an address, with all places. lied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information 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 the suppower and the country true this perport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an

SIGNATURE: