FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 17, 2000 8:00 am Secretary of State **DOCUMENT #** P96000080668 1. Entity Name 05-17-2000 90958 002 ***150.00 BANYAN BAY MARINE, Principal Place of Business Mailing Address 4491 ANGLERS AVE. DANIA FL 33312 A3061100 2. Principal Place of Business 3. Mailing Address 4491 ANGLERS AVE. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For DANIA, FL 65-0836021 Not Applicable Country Zip Country \$8.75 Additional 33312 5. Certificate of Status Desired BROWARD 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GASKILL, KATE G. 4491 ANGLERS AVE. DANIA, FL 33312 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 12. TITLE X Delete TITLE X Change Addition NAME GASKILL, KATE G. NAME GASKILL, KATE G. STREET ADDRESS 3581 NW 5TH AVE. STREET ADDRESS 2275 SW 45TH ST. CITY - ST - ZIP CITY - ST - ZIP OAKLAND PARK, FL 333309 FT. LAUDERDALE, FL 33312 TITLE TITLE X Change Addition NAME GASKILL, BRIAN C 3581 NW 5TH AVE. NAME GASKILL, BRIAN C. 2275 SW 45TH ST. BRIAN C STREET ADDRESS STREET ADDRESS OAKLAND PARK, FL 33309 CITY - ST - ZIP CITY - ST - ZIP FT. LAUDERDALE. 33312 TITLE TITLE Change Addition NAME GRAVES, GYPSY C NAME STREET ADDRESS 1115 N. RIO VISTA BLVD. STREET ADDRESS CITY - ST - ZIP FT. LAUDERDALE, FL 33301 CITY - ST - ZIP TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP MLE. Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE