2001 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # P9600091070 TREWAY LAND CORPORATION 05-01-2001 90103 007 ***150.00 Principal Place of Business Mailing Address 450 EAST LAS OLAS BLVD. 450 EAST LAS OLAS BLVD. SUITE 1500 **SUITE 1500** FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Act. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0736639 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HUIZENGA, H. WAYNE JR Street Address (P.O. Box Number is Not Acceptable) 450 EAST LAS OLAS BLVD #1500 FT. LAUDERDALE FL 33301 Zip Code - 3 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 like thapplicable. (NOTE Registered Agent sangture required when reinstating) PATS 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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. PSD TiTLE TITLE Delete HUIZENGA, H. WAYNE JR. NAME NAME STREET ADDRESS 450 EAST LAS OLAS BLVD., 15 FLOOR STREET ADDRESS CITY-ST-7!P FT. LAUDERDALE FL 33301 CITY-ST-Z:P TITLE ☐ Delete ☐ Change Addition PIERCE, WILLIAM M NAME 450 EAST LAS OLAS BLVD., 15 FLOOR STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33301 C!TY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition BRANDEN, CRIS V NAME 450 EAST LAS OLAS BLVD., 15 FLOOR STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33301 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-SE-ZIP CITY-ST-ZIP ☐ Delete TiTLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THUE ☐ Delete TITLE ☐ Change Ado tien NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

City-St-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V BRANDEN VIE PHOIDET 4/26/41

954-627-5200

Daytime Phone #

7.4.2.E.0.34 (10/0