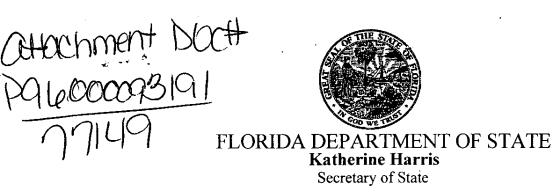
FILED Aug 02, 2001 8:00 am Secretary of State

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P96000093191 **DOCUMENT #** 07-19-2001 90237 013 ***150.00 1. Entity Name TRAVEL ATTITUDES, INC. Principal Place of Business Mailing Address 1440 W STATE RD 84 PO BOX 22748 FORT LAUDERDALE FL 33315 FT LAUDERDALE FL 33335 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0708256 Not Applicable Zip Country 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 HYNDS, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 16740 WATERS EDGE OR Zip Code registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating Signature, typed or printed name of registered agent and bite if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (5/01) TITLE Oelete TITLE ☐ Change Addition NAME HYNDS, PATRICIA NAME 16740 WATERS EDGE DR STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33326 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition TITLE [Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 supplied all 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 flustee 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 gh address, with all other like empowered.

2001 UNIFORM BUSINESS REPORT (UBR)



July 24, 2001

TRAVEL ATTITUDES, INC. PO BOX 22746 FT LAUDERDALE, FL 33335 US

Subject: TRAVEL ATTITUDES, INC.

Reference—

~P96000093191

Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The registered agent must have a Florida street address.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SA ANNUAL REPORTS SECTION