FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: The signature and typed or printed name of signing officer or director

Feb 08, 2001 8:00 am Secretary of State DOCUMENT # P97000018346 1. Entity Name SPACE AIRPORT CORPORATE HEADQUARTERS INC. 02-08-2001 90157 008 ***158.75 Principal Place of Business Mailing Address 6855 TICO RD P.O. BOX 1266 **TITUSVILLE FL 32780-8014** TITUSVILLE FL 32781-1266 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 NOT APPLICABLE Not Applicable 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 EUGENIE M. MEILEY MEILEY, HENRY M Street Address (P.O. Box Number is Not Acceptable) 6855 TICO RD TITUSVILLE FL 32780-8014 6855 TICO ROAD Zip Code 32780-8014 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 EUGENIE M. MEILEY Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE EUGENIE M. MEILEY [] Addition MEILEY, HENRY M NAME NAME 6855 TICO ROAD STREET ADDRESS 6855 TICO RD STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32780-8014 CITY-ST-ZIP TITUSVILLE, FL. 32780-8014 X Delete TITLE MARIA M. CAREY NAME MEILEY, EUGENIE M STREET ADDRESS 6855 TICO RD STREET ADDRESS 6855 TICO ROAD CITY-ST-ZIP TITUSVILLE FL 32780-8014 CITY-ST-ZIP~ TITUSVILLE, FL. 32780-8014 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ■ 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 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.

HENRY M. MEILEY