2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 12, 2001 8:00 am Secretary of State DOCUMENT # P9700038241 1. Entity Name ESA 0328, INC. 02-12-2001 90250 038 ***150.00 Principal Place of Business Mailing Address 450 EAS LAS OLAS BLVD. 450 EAS LAS OLAS BLVD. **SUITE 1100 SUITE 1100** 715202 FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-075 1552 Not Applicable Country \$8,75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition DCEO TITLE TITLE ☐ Delete JOHNSON, GEORGE D J NAME NAME STREET ADDRESS 450 E LAS OLAS BLVD, #1100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 12 effance M Addition Delete TITLE DPST. TITLE BRANNON, ROBERT A NAME NAME STREET ADDRESS 450 E LAS OLAS BLVD, #1100 STREET ADDRESS CITY-ST-ZIP CITY_ST-ZIP FT LAUDERDALE FL 33301 Addition ☐ Delete TITLE TITLE Modey, George NAME NAME SOE Las, Olas Blud STEllOD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME 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

CITY-ST-ZIP

SIGNATURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR