FILED
Jun 16, 2003 8:00 am
Secretary of State
04-25-2003 90437 001 ***300.00

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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086359 (L)

1. Entity Name
International Yachtmaster Training, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
910 S.E. 17th Street	910 S.E. 17th Street
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Ft. Lauderdale, Florida	City & State Ft. Lauderdale Florida
Zip 33316 Country U.S.A.	Zip 33316 Country U.S.A

4. FEI Number 65-0786741 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Mark Fry

Street Address (P.O. Box Number is Not Acceptable): 910 S.E. 17th Street Suite 200

City Ft. Lauderdale FL Zip Code 33316

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

~~For-Profit Florida LLC: Filing Fee is $150.00~~
~~Annual Report Fee is $550.00~~
~~Amended UBR is $61.25~~
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President, Secretary, Treasury, Director
NAME	Fry, Mark
STREET ADDRESS	910 S.E. 17th Street, Suite 200
CITY-ST-ZIP	Ft. Lauderdale, FL 33316
TITLE	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowerments.

SIGNATURE: Mark Fry — 954-779-1764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #