2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am Secretary of State P99000012265 DOCUMENT # 04-16-2002 90180 007 ***150.00 TIMESHAREEXCHANGE.COM INC. Principal Place of Business Mailing Address 8824 SUNSET BLVD 8824 SUNSET BLVD ORLANDO FL 32836 ORLANDO FL 32836 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3562896 Not Applicable Country Country \$8.75 Additional Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BUSINESS FILINGS INCORPORATED** Street Address (P.O. Box Number is Not Acceptable) 1000 WEST AVENUE NO. 1114 MIAMI BEACH FL 33139-0000 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) DATE Signature, yped or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on bacle) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Change ☐ Delete TITLE NAME PATTON, CHARLES D NAME STREET ADDRESS STREET ADDRESS 8824 SUNSET BLVD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 ☐ Change ☐ Addition TITLE TITLE DS ☐ Delete NAME NAME PATTON, ESTELLA STREET ADDRESS 8824 SUNSET BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 ☐.Change .. ☐ Addition _ Delete _ TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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.

SIGNATURE:

CITY-ST-ZIP