May 01, 2003 8:00 am Secretary of State 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P99000020115 DOCUMENT # 05-01-2003 90288 021 ***150.00 MILE HIGH CLUB, INC. Principal Place of Business Mailing Address 601 HARBOUR BLVD 6C1 HARBOUR BLVD SUITE 200 SUITE 200 **TAMPA FL 33602 TAMPA FL 33602** 2. Principal Place of Business 5487 JETPONT INDUSTRIAL 3. Mailing Address Blud. Suite, Apt. #, etc. Suite, Apt CHECK HERE IF MAKING CHANGES SMU City & State City & State Applied For 4. FEI Number 59-3571833 TAMPA Not Applicable 33134 Country Country Zip \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HODGES, GEOFFREY T 601 S. HARBOUR ISLAND BLVD STE 200 **TAMPA FL 33602** ٠. 8. The above name dentity submits thin the obligations of positive agent ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURÉ agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. FRANKMUSDINO Change Addition ☐ Delete 5487 JET POLT INDUSMIAL BIND. MUSOLINO, FRANK NAME NAME 601 S. HARBOUR ISLAND BLVD STE 200 STREET ADDRESS STREET ADDRESS 33V34 TAM DA FL **TAMPA FL 33602** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TIT! E NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THTLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an

SIGNATURE:

12. I hereby certify that the information supplied with this filing

Daytime Phone #