2001 UNIFORM BUSINESS REPORT (UBR) FILED May 22, 2001 8:00 am DOCUMENT # P9900024580. Secretary of State SEA ISLAND HOLDINGS INC. 05-22-2001 90624 028 ***150 00 Principal Place of Business 1737 NW 18th Street 1737 NU BILSTreet FORT LAUDENDALE FORT LAUdidale FL. 33311 FL 33311 659673 2. Principal Place of Business 3. Mailing Address 10133 Mowke 10133 MOWRY CANE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE TAMPA City & State City & State 4. FEI Number Applied For Florida ΤΑΜΡΑ 65-0929371 Not Applicable zip 33625 Country \$8.75 Additional 5. Certificate of Status Desired 33625 USA -USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DENISE EM CAMPDELL *7511 W. DAKLAND Park Blud LANDahill Florida 33319-4909 Street Address (P.O. Box Number is Not Acceptable) City Zip Code 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 _ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **ソ/**0 Change ☐ Addition TITLE TITLE ☐ Delete KARL NAME NAME PHILLIPS STREET ADDRESS 10133 moway LANE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP PLORIDA 33625 TAMPA PID Delete ☐ Addition[DENISE CAMPBELL 4551 W. OAKLAND PARIX BZVD. NAME NAME -STREET ADDRESS STREET ADDRESS Lauderhill Florida 33319 -CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME 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 TITLE ☐ Defete Change Addition 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 13. 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 11 or Block 12 if changed, or on an attachment with an pateress, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hpt. 18,2001