2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # May 31, 2000 8:00 am Secretary of State GLOBAL TICKETS AND TRAVEL, INC. 05-31-2000 90022 031 ***150.00 Princi: Place of Business Mailing Address 00054791 2. Principal Place of Business 3. Mailing Address 110 EAST GRANADA BUD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 102 City & State City & State 4. FEI Number Applied For 59-3562145 ORMOND BEACH FL Country Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCOTT WEBER Street Address (P.O. Box Number is Not Acceptable) 100 FORRESTLAKE BLVD. # 113 Daytonn BEACH, FL. 32119 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. FILE NOWIII FEE IS \$150.00 9.-This corporation is eligible to satisfy its Intangible-10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. VICE PRESIDENT TITLE ☐ Delete PRESIDENT JASON B. TURNER NAMÉ NAME SCOTT WEBER STREET ADDRESS STREET ADDRESS 100 FORRESTLAKE BLYD. # 113 14029 BROKEN BOW DR. SOUTH CITY-ST-ZIP JACKSONVILLE FL. 32225 CITY-ST-ZIP Day town BEACH FL. 32119 SECRETARY DANIELLE VECE ☐ Change ☐ Delete TITLE TITLE NAME NAME 100 FORRESTLAKE BLVD. #113 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32119 CITY-ST-7IE ☐ Change Addition ☐ Delete TITLE. NAME NAME" STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR