2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 08:00 AM DOCUMENT # P9900058423 1. Entity Name **Secretary of State** AIRTOURS VACATIONS, INC. Principal Place of Business Mailing Address 2160 WEST ATLANTIC AVE 2160 WEST ATLANTIC AVE DELRAY BEACH FL DELRAY BEACH FL33445 33445 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0939052 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL33324 US 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 04/27/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE X Addition ☐ Change MAME NAME KAMITA DENISE 2820 CAMINO DEL RIO SOUTH, SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 92108 VPAS ☐ Delete TITLE ☐ Change NAME DEL PINO GEORGE NAME STREET ADDRESS 220 CONGRESS PARK DRIVE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33445 CITY-ST-ZIP ☐ Delete DVPS TITLE X Change ☐ Addition DOYLE PATRICK NAME DOYLE PATRICK STREET ADDRESS 220 CONGRESS PARK DRIVE STREET ADDRESS 220 CONGRESS PARK DRIVE CITY-ST-ZIP DELRAY BEACH 33445 CITY-ST-ZIP DELRAY BEACH FL. 33445 ☐ Delete TITLE PD **X** Change ☐ Addition PEDLAR NAME PEDLAR. W.C. STREET ADDRESS 220 CONGRESS PARK DRIVE STREET ADDRESS 2820 CAMINO DEL RIO SOUTH, SUITE 300 CITY-ST-ZIP DELRAY BEACH 33445 CITY-ST-ZIP SAN DIEGO CA 92108 TITLE VPS Delete TITLE VP X Change ☐ Addition KEILSON HERBERT NAME KEILSON HERBERT STREET ADDRESS 2160 W ATLANTIC AVE STREET ADDRESS 2160 W ATLANTIC AVE CITY-ST-ZIP DELRAY BEACH 33445 CITY-ST-ZIP DELRAY BEACH 33445 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: PATRICK DOYLE, VICE PRESIDENT DVPS 04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #