2005 FOR PROFIT CORPORATION

May 05, 2005 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P99000072061** 05-05-2005 90115 011 ***150.00 DAYTONA TOWER DEVELOPMENT, INC. Principal Place of Business Mailing Address UEACPUVG 211 E. INTERNATIONAL SPEEDWAY BLVD. 211 E. INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 209 ScHALLFAK 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 03272005 Cha-P City & State Applied For City & State 4. FFI Number 59-3590941 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMON, URSULA 211 E. INT'L SPEEDWAY BLVD #213 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH, FL 32118 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fee: 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete ☐ Change ☐ Addition IIILE MIE NAME AMON, FELIX NAME 4205 SOUTH ATLANTIC AVENUE DIE Tal'ISpeedurg STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32118 CITY-ST-ZIP TITLE MLE ☐ Change ☐ Addition ☐ Distate NAME AMON, URSULA NAME AMON, URSULA 4205 SOUTH ATLANTIC AVENUE 21 E IN'I Speedwagt STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32118 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete MLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP ☐ Addition TITLE ☐ Delete mr ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 istrue 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 address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #