2001 UNIFORM BUSINESS REPORT (UBR)

May 05, 2001 8:00 am DOCUMENT # P99000079270 Secretary of State SLOWFLIGHT INC. 05-05-2001 90836 024 ***150.00 Principal Place of Business Mailing Address 2633 LANTANA ROAD 807B #42 2633 LANTANA ROAD 807B #42 LANTANA FL 33462 LANTANA FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0943806 Not Applicable Zip Country 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 SMITH, MARIAN R Street Address (P.O. Box Number is Not Acceptable) 2846 KEEL COURT #210 LANTANA FL 33462 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete TITLE Change ■ Addition TITLE NAME MAME SMITH, MARIAN R STREET ADDRESS STREET ADDRESS 2633 LANTANA ROAD 807B #42 CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 ___ Addition ☐ Delete TITLE TITLE □ Change NAME LAWS, ANDREW F NAME STREET ADDRESS STREET ADDRESS 2633 LANTANA ROAD 807B #42 CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP