Jun 27, 2001 8:00 am 2001 UNIFORM BUSINESS REPORT (UBR) **Secretary of State** DOCUMENT # P99000099245 1. Entity Name 06-27-2001 90007 020 ***158.75 AV INVESTMENTS V, INC. Principal Place of Business Mailing Address MUU 25132 4350 WEST CYPRUS STREET 4350 WEST CYPRUS STREET SUITE 440 SUITE 440 TAMPA FL 33607 TAMPA FL 33607 HAJAND AVE DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 52-2204769 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent = Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301 DNO24853 agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing jt FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2001 Fee will be \$550.00 Tax filing regulrement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **-11**; OFFICERS AND DIRECTORS 12. 10/00 Addition Change TITLE (A) Delete TITLE RIVERSON, LEONARD S NAME NAME STREET ADDRESS CR2E034 STREET ADDRESS 829 -B E GULF BLVD CITY-ST-ZIP CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785 Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRES CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Colete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Deletta TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME MALIF STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplies 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 supplies with a filing and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or to sie 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPE OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

the/01 727 480 908

Continue Phone 6