2003 FOR PROFIT CORPORATION

May 12, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR** S07783 **DOCUMENT #** 05-12-2003 90218 048 ***150.00 1. Entity Name AMERICAN TOURS CORP. Principal Place of Business Mailing Address 4750 N DIXIE HWY 4750 N DIXIE HWY SUITE 8 SUITE 8 FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0223964 Not Applicable 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 Name ZEISER, JILL M. Street Address (P.O. Box Number is Not Acceptable) 5268 N E 6TH AVE #28C FT LAUDERDALE FL 33334 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ■ Addition TITLE ☐ Delete TITLE ☐ Change ZEISER, JILL M. NAME NAME 5268 NE 6TH AVE #28C STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DIT E ☐ Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLÉ ☐ Delete TITLE ☐ Change [Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME

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 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 received 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 th an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

IGNATI AND TYPED OR PRINTED NAME OF

CR2E034 (10/02

Affachment 90132818 507783

To Whom it May Concern.

Oue Coeporate Liling is LATE Due to our office being buegularized on April 27, 2003.

This is recorded in the Brownson Country Shedded's Office, case NO OPO 3-04-5730

Univer the circumstances presse Do not Levy the Late firing fee

Thrak You

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So# S07783

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