2001 UNIFORM BUSINESS REPORT (UBR)

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th an address, with all other like empowered.

Mar 08, 2001 8:00 am Secretary of State **DOCUMENT # S08958** 1. Entity Name FIRSTBIRD MANAGEMENT, INC. 03-08-2001 90076 018 ***150.00 Principal Place of Business Mailing Address 1411 NORTH FLAGLER DRIVE 126 DOLPHIN ROAD SUITE 9900 PALM BEACH FL 33480 WEST PALM BEACH FL 33401 US 000319332. 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 65-0230236 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 Name BURDETT, ARTHUR C Street Address (P.O. Box Number is Not Acceptable) 1411 NORTH FLAGLER DRIVE SUITE 9800 WEST PALM BEACH FL 33401 Zip Code FL 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, typed or printed name of registered agent and side if applicable DATE 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. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILE D ☐ Delete TITLE Change Addition HALAF BURDETT, ARTHUR C NAME STREET ADDRESS 1411 NORTH FLAGLER DRIVE STE 9800 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP nn e ☐ Delete TITLE ☐ Change Addition MARKE BURDETT, EMMY J. STREET ADDRESS 126 DOLPHIN ROAD STREET ADDRESS City-ST-ZIP PALM BEACH FL CITY-ST-ZIP THILE Delete THILE Change ☐ Addition BURDETT, CHRISTOPHER NAME NAME STREET ADDRESS 3601 S. FLAGLER DRIVE STREET ADDRESS CHY- ST-719 WEST PALM BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-S1-ZIP ☐ Defete TITLE ☐ Change h Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 path; that I am an officer or director of the corporation or the receives or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 11 or Block 12 if

ARTHUR C BURDET 2/15/01 (561) 844-0524

FILED