2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 28, 2001 8:00 am Secretary of State **DOCUMENT # V18050** 1. Entity Name MEGAYACHT HYPER VELOCITY, INC. 2-28-2001 90136 010 ***150.00 Principal Place of Business Mailing Address 310 NW 52ND CT C/O ACCTG. & BUSINESS CONSLTS. FT LAUDERDALE FL 33309 17 ROSE DRIVE FT. LAUDERDALE FL 3316 2. 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 65-0315121 Not Applicable Zip 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 AUER, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 6372 NW 55ND MANOR CORAL SPRINGS FL 33067 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. SIGNATURE 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME AUER, MICHAEL G. STREET ADDRESS STREET ADDRESS 6372 NW 55TH MANOR CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33067 ☐ Addition TITLE ☐ Delete Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition 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-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

CITY-ST-ZIP

Grant Auer Michael IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO