2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mar 12, 2001 8:00 am **DOCUMENT # V48809 Secretary of State** 1. Entity Name JEM RESORTS MANAGEMENT SERVICES, INC. 03-12-2001 90033 003 ***150.00 Principal Place of Business Mailing Address 2200 E. IRLO BRONSON 2200 E. IRLO BRONSON SUITE 104 SUITE 104 KISSIMMEE FL 34744 KISSIMMEE FL 34744 3. Mailing Address 2. Principal Place of Business 3036 Michigan Avenue 3036 Michigan Avenue Suite, Apt. #, etc. Sulte, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3137578 Kissimmee, FL Not Applicable Kissimmee, FL Country Country \$8.75 Additional 5. Certificate of Status Desired 34744 USA Fee Required 34744 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent *Correct Spelling** SILLS, LARA SILLS, LAURA Street Address (P.O. Box Number is Not Acceptable) 3036 Michigan Avenue 2200 E. IRLO BRONSON #104 KISSIMMEE FL 34744 Zip Code 34744 City Kissimmee 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. Lara Sills, CEO (NOTE: Registered Agent signature required when reinstating) March 09, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 0,5 Change ☐ Addition ☐ Delete TITLE TITLE NAME SILLS, SCOTT NAME STREET ADDRESS STREET ADDRESS 2707 FOREST VIEW LANE CITY-ST-ZIP CITY-ST-7IP KISSIMMEE FL 34744 ם, ק Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MICHAEL, AGOMBAR G STREET ADDRESS STREET ADDRESS 743 COUNTRY WOODS CITY-ST-ZIP CITY-ST-7IP KISSIMMEE FL 34744 TITLE TITLE ☐ Delete Change ☐ Addition VP/D/CEO NAME NAME SILLS, LARA-J----Sills, Lara M. STREET ADDRESS STREET ADDRESS 2200 E. IRLO BRONSON 2707 Forest View Lane CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34744 Kissimmee, FL 34744 TITLE Delete TITLE ☐ Change ☐ Addition NAME COMBEN. ROY NAME STREET ADDRESS STREET ADDRESS 866 COUNTRY CROSSING CT. CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL TITLE Delete TITLE ☐ Addition SILLS, LAURA M NAME STREET ADDRESS STREET ADDRESS 2707 FOREST VIEW LANE CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34744 TITLE PD ☐ Delete TITLE 1,0 Change 1 ☐ Addition NAME COMBEN, ROY NAME STREET ADDRESS STREET ADDRESS 866 COUNTRY CROSSING COURT CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34744 13. I hereby certify that the information supplied with this filling 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

GNING OFFICER OF DIRECTOR