2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000004582 SECRETARY OF STATE TALLAHASSEE, FLORIDA BLACK MAGIC COMPUTERS, INC. 010CT-1 PM 1:46 Principal Place of Business Mailing Address 343 ALMERIA AVENUE 1226 SOUTHWEST 22ND AVENUE CORAL GABLES FL 33134 DELRAY BEACH FL 33445 2. Principal Place of Business 4991 W. ATLANTIC AVE 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State DEZRAY 65-0974816 Not Applicable Zip -Country \$8.75 Additional USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City 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 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. **PSTD** SAME Change Addition TITLE ☐ Delete TITLE ROSS. LORING NAME NAME 1226 SOUTHWEST IN NO AVENUE STREET ADDRESS 343 ALMERIA AVENUE STREET ADDRESS DELRAY BEACH FL 33445 CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 900004627379---10/08/01--01079--009 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP -****150_00-- ****150_00---☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS 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 ☐ Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. LORING ROSS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J. SPIEGEL

Certified Public Accountant

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September 26, 2001

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Black Magic Computers, Inc.

Ladies & Gentlemen:

Enclosed is a signed duplicate copy of the 2001 Uniform Business Report which was originally filed on March 9, 2001.

The payment if \$150.00 which originally accompanied this report has never cleared the taxpayer's bank account. Accordingly, we are resubmitting the form with another payment of \$150.00. If the original payment should be deposited, the taxpayer will use it as a credit for the year 2002.

We regret any inconvenience caused by these circumstances, however believe that the most prudent action to take is to resubmit the form and paperwork.

Please contact the Corporation if you should require anything further. Your cooperation is greatly appreciated.

Very truly yours:

William J. Spiegel, CPA

WJS:mot

Encl: copy of 2001 UBR and payment of \$150.00

