4/30

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

May 23, 2001 8:00 am Secretary of State DOCUMENT # P0000053543 1. Entity Name 04-30-2001 90396 008 ***150.00 SILVERMINDS DIRECT (USA), INC. Principal Place of Business Mailing Address 1400 W FAIRBANKS AVE. STE 102 1400 W FAIRBANKS AVE. STE 102 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3649212 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHASTANG, LAWRENCE J Street Address (P.O. Box Number is Not Acceptable) 1400 W FAIRBANKS AVE, STE 102 WINTER PARK FL 32789 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. 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Deleta TITLE TITLE NAME DORSETT, RICHARD NAME STREET ADDRESS STREET ADDRESS CASTLE HOUSE, 20 BEAR LN. FARNHAM SURREY CITY-ST-ZIP CITY-ST-ZIP ENGLAND GU9 7LF ☐ Addition TITLE ☐ Delete TITLE D NAME NAME DE LIEFDE, BERT STREET ADDRESS CASTLE HOUSE, 20 BEAR LN. FARNHAM SURREY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ENGLAND GU9 7LF** ☐ Addition ☐ Change Delete TITLE NAME DE YEEUW, DAYID NAME STREET ADDRESS STREET ADDRESS CASTLE HOUSE, 29 BEAR LN. PARNHAM CITY-ST-ZIP CITY-ST-ZIP ENGLAND GU9 7LF ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 s required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachr

IG OFFICER OR DIRECTOR