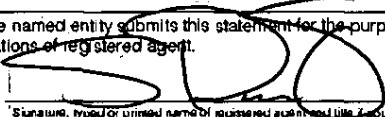
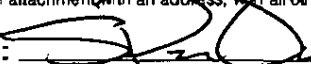


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91500 022 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000110777			
1. Entity Name SHOESPOT INC.			
Principal Place of Business 2005 PAN AM CIR STE 500 TAMPA, FL 33607		Mailing Address 2005 PAN AM CIR STE 500 TAMPA, FL 33607	
2. Principal Place of Business 1302 NORTH B ST. W Suite, Apt. #, etc.		3. Mailing Address 6707 NORTH HIMES AVE Suite, Apt. #, etc.	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33606 Country		Zip 33614 Country	
4. FEI Number 39-3681661		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VANOVER, SCOTT 6707 NORTH HIMES AVENUE TAMPA, FL 33614		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  PRESIDENT DATE: 3/1/03 (NOTE: Registered Agent's signature required when reinstating)			
FILE NOW!!! FEE IS: \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D VANOVER, SCOTT 3225 S MACDILL AVE STE 119 TAMPA, FL 33629		TITLE NAME STREET ADDRESS CITY-ST-ZIP VANOVER SCOTT 6707 NORTH HIMES AVE TAMPA FL 33614	
[Delete] ☐		[Change] ☒ [Addition] ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
[Delete] ☐		[Change] ☐ [Addition] ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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[Delete] ☐		[Change] ☐ [Addition] ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
[Delete] ☐		[Change] ☐ [Addition] ☐	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  PRESIDENT		DATE: 3/1/03 8138761223 Daytime Phone #	

CR2E034 (10/02)