FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91365 027 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000086278 ✓ NGB 11/14/02

000064

1. Entity Name

SPILLAFLO ENTERTAINMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16257 Emerald Cove	P.O. BOX 827231
Suite, Apt. #, etc.	Suite, Apt. #, etc.
WESTON, FL	
City & State	City & State
WESTON, FL	South FLORIDA, FL
Zip: 33331 Country: USA	Zip: 33082-7231 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 71-0874239 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: KAORI MUROTA

Street Address (P.O. Box Number is Not Acceptable)

16257 Emerald Cove

City: WESTON FL Zip Code: 33331

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KAORI MUROTA – PRESIDENT KAORI MUROTA 16257 Emerald Cove Weston, FL 33331
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CR2E084B (12/02)

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

SIGNATURE: KAORI MUROTA-PRESIDENT _____ _____ _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #