CAPITAL CONNECTION 850 222 1222 07/06 '99 13:13 NO.135 02/03

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000043061

1. Corporation Name

SPL INC.

Principal Place of Business: 1819 Peachtree Rd. Suite 610 Atlanta Ga. 30309

Mailing Address: 1819 Peachtree Rd. Suite 610 Atlanta, Ga. 30309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6/18/93

4. FEI Number: 65-0417543 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business / 2a. Mailing Address — Suite, Apt. #, etc. / City & State / Zip / Country

9. Name and Address of Current Registered Agent

Brian P. Tague, P.A. c/o
Tew, Cardenas, Rebak
201 S. Biscayne Boulevard
Miami Center, 26th Floor
Miami, FL 33131-4336

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Todd W. Nocerini
STREET ADDRESS	1819 Peachtree Rd. Suite 610
CITY-ST-ZIP	Atlanta, Ga. 30309

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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****550.00 ****550.00

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******8.75 ******8.75

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7/8/99

7/15/99

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