2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P95000087090 Jun 05, 2000 8:00 am Secretary of State 1. Entity Name SPECTRUM UNDERGROUND, INC. 06-05-2000 90046 010 ***550.00 Principal Place of Business Mailing Address P.O. BOX 2101 014 PINE AVE CTE_D ANNA MARIA FL 34216-2161 ANTIA MARIA EL 94210 Principal Place of Business 3. Mailing Address 1204 60th Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number EADGNTON, FL 65-0669771 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MACKEY, PETER J Street Address (P.O. Box Number is Not Acceptable) 1402 3RD AVENUE W. **BRADENTON FL 34205** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD TITLE ☐ Delete TITLE Change ☐ Addition SUNQUIST, HARLAN R JR NAME NAME 2822 UPTON STREET S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GULFPORT FL 33711** CITY-ST-ZIP Addition NQUIST ☐ Change ☐ Delete TITLE TITLE BLUD NAME NAME 121 TIDY BLUD STREET ADORESS STREET ADDRESS 34210 BRADENTON CITY-ST-7IP CITY-ST-ZiP 7210 Se□ Change HARLAN TITLE □ Dēlete TITLE: NQUIST BLUD NAME NAME ISLAND 121 TID4 STREET ADDRESS STREET ADDRESS 34210 BRADENTON CITY-ST-7IP CITY-ST-7IP ☐ Change Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete

13. 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 attackment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

5/27/00 941-757-0179
Daytime Phone #