2000 UNIFORM BUSINESS REPORT (UBR) 6/20/00-90010-009-\$150.00-\$150.00 DOÉTMENT # P9600002 1650 GULI-Side RIVERRUCK RESEAUS, INC. FILED JUL 10 AH 10: 01 Mailing Address Principal Place of Business 4728 4 AniTA Blad 4728 W ANITA BLVN SECRETARY OF STATE TAMPA, I=L 33611° TALLAHASSEE FLORIDA 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUVALL SCOTT A Street Address (P.O. Box Number is Not Acceptable) 4726-WEST-ANITA-BLUC AMPA ,1=L 33611 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWIH FEE IS \$150.00 3. 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 Make Check Payable to Department of State Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 66/6) ☐ Addition TITLE ☐ Deleta TITLE NAME NAME DUVALL SCOTT A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ■ Addition □ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ De ele TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attachment with an address, with all other the appropriate 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 NALL 6-13-2000 SIGNATURE:

Dear Sir/Madam:

This letter is to inform you of the following events: I did not receive the annual form by May 1st. I called on May 2nd and was told a new form would be mailed to me. I waited for three weeks and never received one. I called again and this time was sent one, which I returned with a letter explaining what had occurred.

I have now received a letter dated June 22, 2000 asking for \$400.00. I called again and was told to write another letter (this one) because the first one probably got thrown away. I was given a different address to mail this letter with a copy of 2000 Uniform Business Report and that someone would take care of this. Your attention to this matter is appreciated.

Sincerely,

Scott Duvall