FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 18, 2001 8:00 am DOCUMENT # P96000029620 Secretary of State SPIKE ELECTRIC, INC. 01-18-2001 90028 047 ***158.75 Principal Place of Business Mailing Address 3389 SHERIDAN STREET SUITE 128 3389 SHERIDAN STREET SUITE 128 A0006454 HOLLYWOOD FL 33021 HOLLYWOOD FL 98021 2. Principal Place of Business 3. Mailing Address 29 70 N.W. 22 St 2970 N.W. 22 St. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MIAMI MIAMI Applied For 4. FEI Number 65-0657516 Not Applicable Zip 33142 33142 Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEWART STEWART, ORALD ss (P.O. Box Number is Not Acceptable) < 2290 SW 8TH ST MIAMI FL 33195-AMI 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition CR2E034 (10/00) HAMILTON, JOEL P NAME NAME 3389 SHERIDAN STREET, SUITE 128 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition ORALD STEWART STEWART, ORALD NAME NAME 2970 N.W. 22nd St. STREET ADDRESS 2290 SW 8TH ST STREET ADDRESS CITY-ST-ZIP 1 MIAMI*FL*33135 CITY-ST-7IP miami ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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

NAME OF SIGNING OFFICER OR DIRECTOR