FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000071682 (4) TWISTED SILVER, INC. Mailing Address Principal Place of Business 2500 E. ANDERSON STREET 2500 E. ANDERSON STREET ORLANDO FL 32803 ORLANDO FL 32003 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/26/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 500 59-3398091 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 FENDER, JOSEPHINE 2500 E. ANDERSON STREET Street Address (P.O. Box Number is Not Acceptable) **B2** ORLANDO FL 32803 83 84 City 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TATLE 1.1 TITLE ☐ Change ☐ Addition FENDER, JOSEPHINE NAME 1.2 NAME 2500 E. ANDERSON STREET STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE

CITY-S1-ZIP 14. Thereby 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 suppliemental 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 chapted, or on an attachment with an address

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