PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90163 001 ***150.00

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1. Corporation Name SILVER BACK, INC. i i karakanan ana inggal anggal bagga nagga dangga dangga nagga angga angga angga angga angga angga Principal Place of Business Mailing Address 7380 SAND LAKE ROAD 7380 SAND LAKE ROAD SUITE 350 SUITE 350 DO NOT WRITE IN THIS SPACE ORLANDO FL 32819 ORLANDO FL 32819 3. Date Incorporated or Qualifed 01/27/1998 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Lake Prive Not Applicable 8006 8006 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Irlando Trust Fund Contribution Country 8. This corporation owes the current year Intangible ☐ Yes Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PRINGLE, III, WILLIAM B ESQ. Street Address (P.O. Box Number is Not Acceptable) 82 390 NORTH ORANGE AVENUE **SUITE 2100** 83 ORLANDO FL 32801 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. □ DELETE 1.1 TITLE TITLE KIRKPATRICK, CHRISTOPHER A 1.2 NAME NAME 8006 Palm Lake Arive Orlando, FL 32819 7380 SAND LAKE ROAD, SUITE 350 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32819 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition [] Change DELETE 3.1 TITLE TITLE 32 NAME 3.3 STREET ADDRESS ---- ADDRESS 3.4. CITY- ST- ZIP ST-ZIP Addition | Change DELETE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS -__T ADDRES 4.4 CITY-ST-ZIP ST-ZIP □ Change Addition OELETE 5.1 TITLE 52 NAME 5.3 STREET ADDRESS CADORESS 54 CITY-ST-ZIP ST-ZIP Addition 6.1 TITLE Change ☐ DELETE 6.2 NAME 63 STREET ADDRESS I ADDRESS 6.4 CITY-ST-ZIP ST-ZIP

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.

MATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

310-226.7545

Daytime Phone #

R2F034 (11/98)