2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024760 May 12, 2000 8:00 am Secretary of State SPICE ISLAND GIFTS, INC. 05-12-2000 90044 014 ***158.75 Principal Place of Business Mailing Address 2871 N OAKLAND FOREST DR P.O. BOX 101375 FT LAUDERDALE FL 33310-1375 FT-LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For --City & State City & State 4. FEI Number 65-0887851 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACK, SUDITH Street Address (P.O. Box Number is Not Acceptable) 2871 N. OAKLAND FORREST DR FP LAUDERDALE FL 33309 4112 8. The above named entity submittenthis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PD TITLE PD TITLE Delete JACK, JUDITH 4112 NE ZI AVE JACK, JUDITH NAME NAME 2871 N. OAKLAND FORREST DR 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 Ft. Landerdale FL 33308 Change ☐ Addition TITLE ☐ Delete TITLE DRAGIN, RICHARD DRAGIN, RICHARD NAME NAME Ft. Landerdale, FL 33308 2871 N. OAKLAND FORREST DR 201 STREET ADDRESS STREET ADORESS CITY-ST-ZIP FT LAUDERDALE FL 33309 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 impowered 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 er like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR