2000 UNIFORM BUSINESS REPORT (UBR) FILED Spin, Inc. 00 AUG 30 PM 1:56 Mailing Address SECRETARY OF STATE Principal Place of Business NW 9 Ave 1977 TALLAHASSEE. FLORIDA Principal Place of Business 3. Mailing Address 45 NE Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State Not Applicable \$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 aw rence Street Address (F O. Box Number is Not Acceptable) 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 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete PD COOK, Lawrence NAME Cook, Laurence NAME 45 NG 159 St. STREET ADDRESS STREET ADDRESS 19225 NW CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete 700<u>0</u>0 -0To22--00s NAME NAME STREET ADDRESS STREET ADDRESS ****150.00 ****150.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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

it with an address, with all other like empowered.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

SIGNATURE:

Daytime Phone #

2062

Silver Spin, Inc. 19225 NW 9th Avenue Miami, FL 33169 Document # P99000009220

June 29, 2000

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: 2000 Florida Uniform Business Report.

Dear Florida Department of State:

The purpose of this correspondence is to advise the Department of State that the State of Florida 2000 Uniform Business Report was not received by our organization. Unfortunately, as a result of our inexperience with Corporate filing requirements we did not file the 2000 State of Florida Uniform Business Report.

At this time we kindly request that you accept our enclosed check in the amount of \$150.00 (one hundred and fifty dollars) and consider our organization as timely filed for 2000. We have now consulted with an accountant and future filing requirements will be adhered to on a timely basis.

We thank you for your attention and cooperation as regards this matter and we await your esteemed response.

Very-Truly-Yours,-

Lawrence M. Cook, Director & President

Silver Spin, Inc.

Document # P99000009220

W/enclosure – Check in the amount of \$150.00 (one hundred and fifty dollars) payable to Florida Department of State.