

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90818 045 ***150.00

DOCUMENT # *P 99 00000 9220*

1. Entity Name

Silver Spin, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6600 NW 1 Place

Suite, Apt. #, etc.

3. Mailing Address

6600 NW 1 Place

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0900677

Applied For

Not Applicable

Zip *33150*

Country *USA*

Zip *33150*

Country *USA*

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Cook, Lawrence M.

Street Address (P.O. Box Number is Not Acceptable)

6600 NW 1 Place

City

Miami

FL

Zip Code

33150

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lawrence M. Cook

Lawrence M. Cook, Director

4-9/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PD Cook, Lawrence M. 6600 NW 1 Place Miami, FL 33150</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lawrence M. Cook
DIRECTOR

Date

4/9/03

Daytime Phone #

305-750-8140

CR2E034B (12/02)