2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000029643 Apr 22, 2000 8:00 am Secretary of State 1. Entity Name SPIDER COMMUNICATIONS CORP. 04-22-2000 90053 009 ***150.00 Principal Place of Business Mailing Address 330 BISCAYNE BLVD., STE. 817 330 BISCAYNE BLVD., STE, 817 MIAMI FL 33132-2244 MIAMI FL 33132 3. Mailing Address Principal Place of Business BIVOL DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 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 Tank VALDEZ, FRANK 330 BISCAYNE BLVD., STE. 817 MIAMI FL 33132-City 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 OFFICERS AND DIRECTORS 12. 11. TITI F ☐ Delete Blarkova, Petra BLASKOVA, PETRA NAME 330 Biscaline Blvd 330 BISCAYNE BLVD., STE. 817 STREET ADDRESS STREET ADDRESS 110mi, PL 33132 CITY-ST-ZIP **MIAMI FL 33132** CITY-ST-7IP TL Change ☐ Addition ☐ Delete TITLE TITLE aldez, Frank VALDEZ, FRANK NAME 330 Biscayne Blva 7 floor NAME 330 BISCAYNE BLVD., STE. 817 STREET ADDRESS STREET ADDRESS CITY_ST-ZIP MIAMI FL-33132 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change 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 empowered 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 an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

ATTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/14/00

305-400-6250

Davtime Ph