2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address.

SIGNATURE:

FILED DOCUMENT # P99000083725 Jul 26, 2000 8:00 am 1. Entity Name **Secretary of State** SPIDERGATE MEDIA GROUP, INC. 07-26-2000 90016 023 ***558.75 Principal Place of Business Mailing Address 9195 SW 125 TERRACE 9195 SW 125 TERRACE MIAMI FL 33176 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address 12910 SW 89 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 202 ouite City & State City & State 4. FEI Number Applied For 65-0964047 Miami Not Applicable Country 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 Name KRAMER, JEFFREY S Street Address (P.O. Box Number is Not Acceptable) 7700 N KENDALL DR SUITE 510 MIAMI FL 33156 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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. President TITLE **PSTD** ☐ Delete TITLE ☐ Addition MACDOUGALL, PATRICK NAME NAME STREET ADDRESS STREET ADDRESS 9195 SW 125 TERRACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** President Change Addition TITLE ☐ Delete TITLE Vice NAME Gaston Legorburu NAME STREET ADDRESS STREET ADDRESS 20111 Old Cutler ct CITY-ST-7IP CITY-ST-ZIP MIAMI-FI 33157 Addition Secretary Carey N. Feick TITLE ☐ Change Delete TITLE NAME NAME SW 110 S. Canal St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P 33186 Miami Fl Addition Treasurer ☐ Change TITLE ☐ Delete TITLE Carter Norris NAME NAME 11745 SW 70 Ave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami F1 33156 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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 of 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

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