FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P99000096823 SILVER KING INVESTMENTS, INC. 01-29-2001 90159 037 ***150.00 Principal Place of Business Mailing Address 28062-A MITCHELL 28062-A MITCHELL PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 υττννυ 2. Principal Place of Business 3. Mailing Address WILLIAMS BURG DR 5445 WILLIAMSBURG Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0960147 UNTA GORDA UNTR (YORPA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired HARIOTTE CHARLOTTE. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agen Name OAKS, DAVID K ESQ. --Street Address (P.O. Box Number is Not Acceptable) 252 WEST MARION AVE. PUNTA GORDA FL 33950 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change Change Addition TITLE Delete TITLE TREWORGY, RICK NAME NAME 5445 WILLIAMSBURG DR 28062-A MITCHELL STREET ADDRESS STREET ADDRESS PUNTA GORDA, FL 33982 PUNTA GORDA FL 33950 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE LAISHLEY, BRUCE NAME NAME 5445 WILLIAMSBURG DR 28062-A MITCHELL STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 33950 PUNTA GORDA, FL 33982 CITY-ST-ZIP CITY-ST-ZIP STD ☐ Addition TITLE ☐ Delete TITLE SANDERS, SAM NAME NAME 2911 CARRIBEAN DRIVE STREET ADDRESS STREET ADDRESS PUNTA GORDA, FL 33950 CITY ST-ZIP PUNTA GORDA FL 33982 CITY-\$T-ZIP Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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 pacurate 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 eport 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 after like empowered.