2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 29, 2000 8:00 am DOCUMENT # P99000109839 **Secretary of State** SPIN PRODUCTIONS, INC. 02-29-2000 90109 040 ***150.00 Mailing Address Principal Place of Business 4160 PARK AVENUE PARK AVENUE COCONUT GROVE FL 33133 COCCNUT GROVE FL 33133 812001 3. Mailing Address 2. Principal Place of Business 4149 1110 BRICKEll DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, et STE. Applied For 4. FEI Number City & State City & State 0579 Not Applicable 65-09 MIAMI MiAmi Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 33133 313' 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PETROCCHI, LUCIANA Street Address (P.O. Box Number is Not Acceptable) 4160 PARK AVENUE **COCONUT GROVE FL 33133** A 149 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 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME PETROCCHI, LUCIANA NAME 4149 Bornita Ave STREET ADDRESS STREET ADDRESS 4160 PARK AVENUE CITY-ST-ZIP CITY-ST-ZIP **COCONUT GROVE FL 33133** ☐ Addition Change Delete TITLE TITLE DA COSTA NETO, ANTONIO F NAME NAME STREET ADDRESS STREET ADDRESS 4160 PARK AVENUE CITY-ST-ZIP CITY-ST-ZIP **COCONUT GROVE FL 33133** ☐ Addition Change TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

SIGNATURE: 1

SIGNATURE AND TYPED OR PRINTED

E OF SIGNING OFFICER OR DIRECTOR