2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Apr 28, 2004 8:00 am Secretary of State DOCUMENT # L02000028768 1. Entity Name 04-28-2004 90064 016 ****50 00 NETWORK SUPPORT OF FLORIDA. LLC Principal Place of Business Mailing Address 3208-C EAST COLONIAL DRIVE 3208-C EAST COLONIAL DRIVE CONTOURS #216 ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E083 (11/03) City & State 4. FEI Number City & State Applied For 22-3874151 Not Applicable Zip Country Country \$5.00 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 LEGALZOOM NEVADA INC Street Address (P.O. Box Number is Not Acceptable) 44 W. FLAGLER ST. **SUITE 675** MIAMI FL 33130 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR Delete ☐ Change ☐ Addition NAME MALDONADO, ALEX NAME STREET ADDRESS 3208-C EAST COLONIAL DRIVE, #216 STREET ADDRESS CITY-ST-7IP ORLANDO FL 32803 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Change Addition RUIZ, JOHAN NAME NAME 3208-C E. COLONIAL DR. #216 STREET ADDRESS STREET ADDRESS CITY - ST - ZIF ORLANDO FL 32803 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THEF Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED