FOR PROFIT CORPORATION UNIFORM: BUSINESS REPORT (UBR)

DOCUMENT # P920000 15303

FILED Jul 25, 2005 8:00 am Secretary of State

DO NOT WRITE IN THIS SPACE						07-25-2005 90095 045 ***550.00			
Principal Place of Business			4.			50057183			
		94/0 Nω 39* Suite, Apt. #, etc.	to Ant Nets			DO NOT WRITE IN	LI TUIC CDAC	`E	
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City & State Gainesville FL Gainesville FL			. 72	72606		FEI Number 9 31 56 846	Applied For Not Applicable		
Zip 3260	Country		Country		1			75 Additional Required	
7,200	& Mineral	<u> </u>	7.1.20	· CLE	7. Na	ame and Address of Current Reg			
				Name Pale E Haufler					
	DO NOT W	RITE	-	Street Address (P.O. Box Number is Not Acceptable)					
	IN THIS SP	ACE	-						
				City /				Zin Code	
				CityGain	esui	ll e	FL	Zip Code 32605	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered	office or regist	tered ag	ent, or both, in the State of Florida) .		
SIGNATURE _	Dals E Wayler Signature, typed or printed name of registred agent a	Prosident INOTE:	Registered A	igent signature requi	red when re	7/10	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 After May 1, Fe Amended UB Make Check Payable to			, Fee is UBR is	\$550.00 \$61.25	tate	10. Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
11.	OFFICERS AND I	DIRECTORS	I						
TITLE NAME	President Pale E Haufler		TITLE	1				2004	
STREET ADDRESS	1901NW5777 Per			ADDRESS				25	
CITY-ST-ZIP	Gainesville, FL 3	26005	CITY S	T-ZIP					
TITLE	Sec-Treas.	_	TITLE	ĺ					
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TITLE		FL 32669	THILE						
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CITY-ST-ZIP			CITY ST			DO NOT W	/RITE		
TITLE			TITLE			IN THIS SI	PACE		
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STREET ADDRESS				ADDRESS				1	
CITY-ST-ZIP	artifications the information and the first	this films stops and account of the	CITY-ST	l	Coati 1	110 07(2)() Florida Company (1)	has an different	at the information	
indicated of	ertify that the information supplied with on this report or supplemental report is	true and accurate and that my	ne exemp / signatur	won stated in S e shall have the	e same l	i 19.07(3)(i), Florida Statutes. Hurt legal effect as if made under oath:	ner certify th that I am ag	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 on an attachment with an address, with all other like empowered.

SIGNATURE: Pole E Haufler	7/10	1/05	3523/63072
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Pale	Daytimo Phono #	