FILED

Date

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 10, 2002 8:00 am Secretary of State DOCUMENT # P97000099696 i. Entity Name 02-10-2002 90038 001 ***150.00 NET WORKS INTERNATIONAL, INC. Principal Place of Business Mailing Address 400400 7914 BAYOU CLUB BLVD 7914 BAYOU CLUB BLVD LARGO FL 33777 LARGO FL 33777 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3544718 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAMMOND, JAMES M Street Address (P.O. Box Number is Not Acceptable) **BELCHER POINT PROFESSIONAL CTR** 1831 N BELCHER RD SUITE A-1 **CLEARWATER FL 33765** City Zip Code ۴L 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition CR2E034 (9/01) NAME JAMES, RICHARD L NAME STREET ADDRESS 7914 BAYOU CLUB BLVD STREET ADDRESS CITY-ST-ZIP LARGO FL 33777 CITY-ST-ZIP TITLE Delete VP TITLE Change ☐ Addition NAME BALL, DAVID A NAME STREET ADDRESS 15602 COCHESTER DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33647** ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS .CITY_ST:ZIP_ CITY ST=7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST~ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition 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/s 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 distance explosure of the corporation or the receiver or distance in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.