FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am Secretary of State P99000063081 DOCUMENT # 1. Entity Name 05-13-2002 90081 041 ***150.00 PET BY NET, INC. Principal Place of Business Mailing Address 3910 NW 49TH STREET 3910 NW 49TH STREET TAMARAC FL 33309 TAMARAC FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0962494 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ESQ LEGAL INFORMATION SERVICES, INC 1270 WESTON RD SUITE 300 WESTON FL 33326 bmits this statement for the purpose of changing its registered offile or registered agent, or both, in the State of Florida 8. The above named entity 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) TITLE ☐ Delete TITLE Change ☐ Addition SCHWINN, JAMES M NAME NAME 3910 NW 49TH STREET STREET ADDRESS STREET ADDRESS TAMARAC FL 33309 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME BUCKEY, DANIEL STREET ADDRESS STREET ADDRESS 3910 NW 49TH STREET CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL TITLE ☐ Delete TITLE Change ☐ Addition NAME SCHARMER, MICHELLE NAME STREET ADDRESS STREET ADDRESS 3910 NW 49TH STREET CITY-ST-ZIP TAMARAC FL CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ☐ Addition BUCKEY, MARIANN F NAME NAME STREET ADDRESS 3910 NW 49TH STREET STREET ADDRESS CITY-ST-ZIP TAMARAC FL CITY-ST-ŹIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete SCHWINN, CYNTHIA M NAMÉ 3910 NW 49TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33309 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITL F 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 supplier ental 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORY

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