2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 07, 2001 8:00 am Secretary of State **DOCUMENT # P9700004369** PHON-NET.COM, INC. 02-07-2001 90151 019 ***158.75 Principal Place of Business Mailing Address SUITE 600, 750 WEST PENDER STRET SUITE 600, 750 WEST PENDER STRET VANCOUVER, BRITISH COLUMBIA VANCOUVER. BRITISH COLUMBIA 713382 CANADA V6C 2T7 CANADA V6C 2T7 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 98-0198225 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 OFFICERS AND DIRECTORS 11. ☐ Addition DPC ☐ Delete TITLE TITI F COLLINS, BRIAN NAME NAME STREET ADDRESS SUITE 600, 750 WEST PENDER STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP VANCOUVER, BC CANADA V6C -2T7 ☐ Addition ☐ Change ☐ Delete TITLE TITLE YOUNG, SLOAN NAME NAME STREET ADDRESS SUITE 600, 750 WEST PENDER STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VANCOUVER, BC CANADA V6C -2T7 Addition TITLE Change ☐-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 ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE □ Change ☐ 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 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 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 TYPES OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon 30/6/
Date Dayline Prone #