

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000088772

**Entity Name:** NETWORK EDUCATION SYSTEMS CORP

**Current Principal Place of Business:**

5950 LAKEHURST DRIVE  
SUITE 221  
ORLANDO, FL 32819

**FILED**  
**Mar 17, 2016**  
**Secretary of State**  
**CC8676532182**

**Current Mailing Address:**

5950 LAKEHURST DRIVE  
SUITE 221  
ORLANDO, FL 32819 US

**FEI Number: 59-3743023**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SHINDOLL, FLORALEE  
4601 JUDY COURT  
ORLANDO, FL 32839 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name PORTIGLIATTI, ANTHONY B  
Address 8812 ELLIOTTS COURT  
City-State-Zip: ORLANDO FL 32836

Title DIRECTOR  
Name PORTIGLIATTI, BRUNO DI  
Address 4412 CONROY CLUB DRIVE  
City-State-Zip: ORLANDO FL 32835

Title DIRECTOR  
Name PORTIGLIATTI, FERNANDA G.  
Address 8812 ELLIOTTA COURT  
City-State-Zip: ORLANDO FL 32836

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ANTHONY B. PORTIGLIATTI**

**PRESIDENT**

**03/17/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date