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 PORTIGLIATTI

2015 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

Current Mailing Address:

5950 LAKEHURST DRIVE SUITE 221 ORLANDO, FL 32819 US

FEI Number: 59-3743023

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

Officer/Director Detail :

Title	Ρ	Title	DIRECTOR
Name	PORTIGLIATTI, ANTHONY B	Name	PORTIGLIATTI, BRUNO DI
Address	8812 ELLIOTTS COURT	Address	8812 ELLIOTTS COURT
City-State-Zip:	ORLANDO FL 32836	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

Ρ

Electronic Signature of Signing Officer/Director Detail

FILED Apr 14, 2015 Secretary of State CC2224452076

Certificate of Status Desired: No

04/14/2015

Date