#### 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: JOHN M. SLAVIK Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# P07000110160

Entity Name: PRODIGY NETWORK SERVICES, INC.

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### **Current Principal Place of Business:**

2186 KENT AVE CLEARWATER, FL 33764

### **Current Mailing Address:**

100 S. BELCHER RD **SUITE 8111** CLEARWATER, FL 33765 US

### FEI Number: 45-0575448

## Name and Address of Current Registered Agent:

SLAVIK, JOHN M 100 S. BELCHER RD **SUITE 8111** CLEARWATER, FL 33765 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	D, P	Title	VP, S
Name	SLAVIK, JOHN M	Name	SLAVIK, ANNETTE B
Address	100 S. BELCHER RD SUITE 8111	Address	100 S. BELCHER RD SUITE 8111
City-State-Zip:	CLEARWATER FL 33765	City-State-Zip:	CLEARWATER FL 33765

04/13/2016 PRESIDENT

## FILED Apr 13, 2016 Secretary of State CC7790959368

Certificate of Status Desired: No

Date

Date