

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002842

Entity Name: NETWORK SERVICE BILLING, INC.**Current Principal Place of Business:**7251 WEST LAKE MEAD BLVD, STE 300
LAS VEGAS, NV 89128**Current Mailing Address:**3075 BRECKINRIDGE BLVD STE 425
DULUTH, GA 30096 US**FEI Number:** 26-0106354**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCRP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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	PRESIDENT
Name	TIBBITTS, MARTIN
Address	7251 WEST LAKE MEAD BLVD, STE 300
City-State-Zip:	LAS VEGAS NV 89128

Title	CFO
Name	TIBBITTS, MARTIN
Address	7251 WEST LAKE MEAD BLVD, STE 300
City-State-Zip:	LAS VEGAS NV 89128

Title	SECRETARY
Name	TIBBITTS, MARTIN
Address	7251 WEST LAKE MEAD BLVD, STE 300
City-State-Zip:	LAS VEGAS NV 89128

Title	DIRECTOR
Name	TIBBITTS, MARTIN
Address	7251 WEST LAKE MEAD BLVD, STE 300
City-State-Zip:	LAS VEGAS NV 89128

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: MARTIN TIBBITTS**PRESIDENT****05/02/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date