

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F00000001918**

1. Entity Name

CMI NET, INC.

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90081 001 \*\*\*150.00

Principal Place of Business

Mailing Address

3396 WILLOW LANE, #200  
WESTLAKE VILLAGE CA 913613396 WILLOW LANE, #200  
WESTLAKE VILLAGE CA 91361

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City, State

City, State

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WARD, DAVID L	
STREET ADDRESS	3396 WILLOW LANE, #200	
CITY-ST-ZIP	WESTLAKE VILLAGE CA 91361	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BALDWIN, WAYNE K	
STREET ADDRESS	3396 WILLOW LANE, #200	
CITY-ST-ZIP	WESTLAKE VILLAGE CA 91361	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTEL, ROCHELLE J	
STREET ADDRESS	3396 WILLOW LANE, #200	
CITY-ST-ZIP	WESTLAKE VILLAGE CA 91361	
TITLE	CD	<input type="checkbox"/> Delete
NAME	FU, MONTY	
STREET ADDRESS	6464 CANOGA AVE.	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	
TITLE	D	<input type="checkbox"/> Delete
NAME	FUNARI, ROBERT G	
STREET ADDRESS	6464 CANOGA AVE.	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John S. Baumann	
STREET ADDRESS	6464 CANOGA AVENUE	
CITY-ST-ZIP	WOODLAND HILLS, CA 91367	
TITLE		<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark N. Delevie	
STREET ADDRESS	6464 Canoga Avenue	
CITY-ST-ZIP	Woodland Hills, CA 91367	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Baumann

3-15-01

887374492

Date

Daytime Phone #

CR2E034 (10/00)