

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F01000003535

1. Entity Name

Earth Net Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 12 AM 10:48

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

865 NE 149th St.

Suite, Apt. #, etc.

3. Mailing Address

865 NE 149th St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

North Miami FL

City & State

North Miami, FL

Zip

33161

Country

USA

Zip

33161

Country

USA

4. FEI Number

931189717

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ben Bastos

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

865 NE 149th St.

City

North Miami

FL

Zip Code

33161

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

Ben Bastos

Ben Bastos

7-8-2

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$81.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	Tripurari, Swami
STREET ADDRESS	22001 Panarama
CITY-ST-ZIP	Phila. CA
TITLE	D
NAME	Brown, Chris
STREET ADDRESS	22001 Panarama
CITY-ST-ZIP	Phila. CA
TITLE	D
NAME	Simpson, David
STREET ADDRESS	22001 Panarama
CITY-ST-ZIP	Phila. CA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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***70.00 ***70.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Swami Tripurari

Date

Daytime Phone

305-562-0535

CR2E097B (12/01)