2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000002563

1. Entity Name
TIMNET USA INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 25 PM 4:58

Principal Place of Business	Mailing Address
600 MADISON AVENUE, 12TH FLOOR NEW YORK, NY 10022	600 MADISON AVENUE, 12TH FLOOR NEW YORK, NY 10022

2. Principal Place of Business	3. Mailing Address
2601 S. Bayshore Drive	2601 S. Bayshore Drive
Suite, Apt. #, etc. Suite 1250	Suite, Apt. #, etc. Suite 1250
City & State Miami, FL	City & State Miami, FL
Zip: 33133 Country: USA	Zip: 33133 Country: USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number
04-3665125
☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City: Miami FL Zip Code: 33133

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Deborah D. Skipper Deborah D. Skipper Asst V Pres. 8/25/03
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TCEO MASSAMORMILE, FREDERICA P RUA FRANCISCO DE SA 10, 4 ANDAR,COPACABANA RIO DE JANEIRO, RJ, BRAZIL,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPCEO Federico P. Massamormile Rua Francisco De Sa 10, 4 Andar,Copacabana Rio De Janeiro, RJ, Brazil	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD D'AMORE, NICOLA VIA CRISTOFORO COLOMBO, 2345 00124 ROME, ITALY,	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Marco Emilio Patuano 2601 S. Bayshore Drive, Suite 1250 Miami, FL 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PAVIA, GEORGE M 600 MADISON AVENUE NEW YORK, NY 10022	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mario Batista 2601 S. Bayshore Drive, Suite 1250 Miami, FL 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BONTEMPELLI, ELIS VIA M. PIRONTI 26 00165 ROME, ITALY,	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Tatiana Arima 2601 S. Bayshore Drive, Suite 1250 Miami, FL 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PASTORI, ANGELO 1136 CONDE DE ALBUQUERQUE, 1136/606 RIO DE JANEIRO, RJ, BRAZIL,	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Patricia Menendez-Cambo 1221 Brickell Avenue Miami, FL 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800022766188 08/04/03--01084--007 **550.00	☐ Change ☐ Addition

CR2E038 (10/02)

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 01552139837250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #