2004 FOR PROFIT CORPORATION

ANNUAL REPORT

Apr 09, 2004 8:00 am Secretary of State 04-09-2004 90051 012 ***150.00 **DOCUMENT # F03000004136** NETWORK CABLING INFRASTRUCTURES, INC. Principal Place of Business Mailing Address 24039289 2875 NORTH BERKELEY LAKE RD. NW. STE 19 2875 NORTH BERKELEY LAKE RD. NW. STE 19 DULUTH, GA 30096 DULUTH, GA 30096 2. Principal Place of Business Mailing Address 2168 1.0.B Suite, Apt. #, etc. Suite, Apt. #, etc. 02102004 Chq-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 58-2594407 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired SA 30096 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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. I am familiar with, and accept Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. CP TITLE ☐ Defete TITLE ☐ Change ☐ Addition VALENTINE, WILLIAM F. NAME NAME STREET ADDRESS 2875 NORTH BERKELEY LAKE RD, NW, STE 19 STREET ADDRESS CITY-ST-ZIP DULUTH, GA 30096 CITY-ST-ZIP DVP TITLE ☐ Delete TITLE Change ☐ Addition HOLCOMBE, STEVE C NAME NAME 2875 NORTH BERKELEY LAKE RD, NW, STE 19 STREET ADDRESS STREET ADDRESS CITY - ST - 7IP **DULUTH, GA 30096** CITY-ST-ZIP DS ■ Addition ☐ Delete TITLE TITLE ☐ Change NAME BOSTWICK, MONTY S STREET ADDRESS 2875 NORTH BERKELEY LAKE RD, NW, STE 19 STREET ADDRESS CITY-ST-ZIP DULUTH, GA 30096 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [] Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change Addition TITLE NAME NAME

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 egipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Holcombe 4-08-04

FILED