

## 2008 FOR PROFIT CORPORATION REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                                                                                         |                                                                                                                  |
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| <b>DOCUMENT # F07000000680</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             |                                                        |                                                                                                                  |
| 1. Entity Name<br><b>NET-COM SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                                                                                         |                                                                                                                  |
| Principal Place of Business<br><b>29069 AVENUE PENN<br/>VALENCIA, CA 91355</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             | Mailing Address<br><b>29069 AVENUE PENN<br/>VALENCIA, CA 91355</b>                                                                      |                                                                                                                  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                               |                                                                                                                  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             | City & State                                                                                                                            |                                                                                                                  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Country                                                                                                     | Zip                                                                                                                                     | Country                                                                                                          |
| 4. FEI Number<br><b>95-4765615</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                                                                                                                  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                             |                                                                                                                                         |                                                                                                                  |
| 6. Name and Address of Current Registered Agent<br><b>NRAI SERVICES, INC.<br/>2731 EXECUTIVE PARK DRIVE<br/>SUITE 4<br/>WESTON, FL 33331</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             |                                                                                                                                         |                                                                                                                  |
| SIGNATURE <i>Don Roddy</i><br>As Agent or printed name of registered agent and title (attachable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             | Asst. Secretary <i>Asst. Secretary</i><br>NOTE: Registered agent signature (attachable) <b>10/29/08</b>                                 |                                                                                                                  |
| FILE NOW!! FEE IS \$150.00<br>After January 1, 2009, Fee will be \$300.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                             | In accordance with s. 607.195(2)(b), F.S., the corporation did not receive the prior notice.                                            |                                                                                                                  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                             | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |                                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | P<br>MOFFATT, BRANT<br>28007 HUNTINGTON LANE, SUITE 9<br>VALENCIA, CA 91355 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | 300137492283<br>10/30/08--01037--018 ***158 75 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | T<br>MOFFATT, BRANT<br>28007 HUNTINGTON LANE, SUITE 9<br>VALENCIA, CA 91355 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | S<br>MOFFATT, CHERYL<br>3100 CEDAR STREET, UNIT 22<br>ONTARIO, CA 91761 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <i>\$710/31</i> <input type="checkbox"/> Delete                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 filers empowered. |                                                                                                             |                                                                                                                                         |                                                                                                                  |
| SIGNATURE: <i>Don Roddy</i><br>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             | <b>10-29-08</b> (661) 257-0888<br>Date Date of Filing                                                                                   |                                                                                                                  |