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95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000001336 (6)

1. Corporation Name

UNIVERSAL NETWORK SERVICES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4299 MACARTHUR BLVD. SUITE 105 NEWPORT BEACH CA 92660	4299 MACARTHUR BLVD. SUITE 105 NEWPORT BEACH CA 92660

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 4000 Hollywood Blvd	26 2 Corporate Plaza Drive
Suite, Apt. #, etc. 22 Suite 725S	Suite, Apt. #, etc. 27 Suite 200
City & State 23 Hollywod FL	City & State 28 Newport Beach CA
Zip 24 33021 — County 25 Broward	Zip 29 92660 — County 30 Orange

3. Date Incorporated or Qualified: 03/16/1994
3a. Date of Last Report:
4. FEI Number: 59-3225158 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WIENER, STEVE
4000 HOLLYWOOD BLVD.
SUITE 725S
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable ______ (NOTE: Registered Agent signature required when reinstating) ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOUSTON, DENNIS D
STREET ADDRESS	4299 MACARTHUR BLVD., STE 105
CITY ST ZIP	NEWPORT BEACH CA
TITLE	STD
NAME	BROWNELL, JOHN
STREET ADDRESS	4299 MACARTHUR BLVD., STE 105
CITY ST ZIP	NEWPORT BEACH CA
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	2 Corporate Plaza Drive Ste 200	
1.4 CITY ST ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	2 Corporate Plaza Drive Ste 200	
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John H. Brownell (signed) — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — John H. Brownell — 5-1-95 Date — 714-760-9200 Daytime Phone

0402341 FP