2000 UNIFORM BUSINESS REPORT (UBR) Feb 29, 2000 8:00 am DOCUMENT # F9700001762 1. Entity Name **Secretary of State** CB NETWORK, INC. 02-29-2000 90134 013 ***158.75 Principal Place of Business Mailing Address PHILLIPS PT., EAST TOWER PHILLIPS PT., EAST TOWER 777 FLAGLER DR., #909 777 FLAGLER DR., #909 WEST PALM BEACH FL 33401-4347 WEST PALM BEACH FL 33401 00023438 2. Principal Place of Business 3. Mailing Address 515 N. Flagler Drive 515 N. Flagler Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. *S*uite 1200 Suite 1200 Applied For City & State City & State 4. FEI Number APPLIED FOR-West Palm Beach. 65-0732 Not Applicable Beach, Florida FLORIDA Country \$8.75_Additional 凶 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Eighenberger, EICHENBERGER, RENE ESQ Address (P.O. Box Number is Not Acceptable) Flugler Drive PHILLIPS PT., EAST TOWER 777 FLAGLER DR., #909 WEST PALM BEACH FL 33401 for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. RENE P. EiCHENDERGER Change **PSDC** TITLE ☐ Delete PRZGOBINT EICHENBERGER, RENE ESQ NAME TE 1200 NORTH BRICGE CENTRE NAME 777 FLAGLER DR., #909, PHILLIPS PT., E.TOWER STREET ADDRESS STREET ADDRESS EST PALM BOACH CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 TITLE TITLE CHU, ERNEST D NAME NAME STREET ADDRESS 777 FLAGLER DR., #909, PHILLIPS PT., E.TOWER STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if

changed, or on an attachment with an address, with all o

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: