## 2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT (AR)**

## DOCUMENT # F97000003336

1. Entity Name



## **FILED** Mar 18, 2004 8:00 am Secretary of State 03-18-2004 90036 004 \*\*\*150.00

NET ONE INTERNATIONAL, INC.									
Principal Place of Business 4037 METRIC DRIVE SUITE 200 WINTER PARK FL 32792		Mailing Address 4037 METRIC DRIVE SUITE 200 WINTER PARK FL 32792							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.					MOORE CR2E034	(11/03)	
City & State		City & State				4. FE	59-3448503	No	plied For t Applicable
Zip	Country	Zip Country		ry		5. Certificate of Status Desired			litional d
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
LOWNDES DROSDICK DOSTER KANTON & REED PA 215 NORTH EOLA DRIVE ORLANDO FL 32802			4	Street Address (P.O. Box Number is Not Acceptable)					
		City				FL 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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					<u> </u>		Election Campaign Financing     Trust Fund Contribution.	\$5.0 Added	May Be to Fees
10.	OFFICERS AND D	DIRECTORS	11.			ADC	DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	S IN 11
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ST WILSON, KEN 4037 METRIC DRIVE, SUITE 200 WINTER PARK FL 32792	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS		<del></del>		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAMER, CHARANI 4037 METRIC DRIVE, STE 200 WINTER PARK FL 32792	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	Delete	TITLE NAME STREET CITY-S	T ADDRESS	VPD Hug 40= Wir	h- [ 37	Brydges Metric Drive - Park, FL 3279	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	ļ				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delate		i i				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i i				☐ Change	Addition
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 addgess, with all other like empowered.									

SIGNATURE: Kelye

2/20/04 (407)38444200