## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 03, 2002 8:00 amg Secretary of State DOCUMENT # F97000004908 1. Entity Name MANAGED NETWORKS OF AMERICA, INC. 05-03-2002 90037 020 \*\*\*150.00 Principal Place of Business Mailing Address 1206 LASKIN RD 1206 LASKIN RD V & 40 0 2 SUITE 207 SUITE 207 VIRGINIA BEACH VA 23451 VIRGINIA BEACH VA 23451 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 54-1675728 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEELE, GREG Number is Not Acceptable) 24 CATHEDRAL PLACE, SUITE 302 ST. AUGUSTINE FL 32084 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 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE (9/04) ٿ ☐ Change ☐ Addition NAME STEELE, GREG NAME STREET ADDRESS 24 CATHEDRAL PLACE STE 302 CR2E034 ( STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE FL 32084 CITY-ST-ZIP D۷ ☐ Delete TITLE Change Addition NAME **EDLEY, RICHARD** NAME STREET ADDRESS 1206 LAKSIN RD., STE 207 STREET ADDRESS CITY-ST-ZIP VIRGINIA BEACH VA 23451 CITY-ST-ZIP **TSD** ☐ Delete Change Addition NAME WEINSTEIN, GISELLE NAME -STREET ADDRESS 1206 LASKIN RD., STE 207 STREET ADDRESS CITY-ST-ZIP VIRGINIA BEACH VA 23451 CITY-ST-ZIP TITLE **PCEO** ☐ Delete TITLE ☐ Change Addition WEINSTEIN, MATTHEW STREET ADDRESS 1206 LASKIN RD., STE 207 STREET ADDRESS CITY-ST-ZIP VIRGINIA BEACH VA 23462 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 GISELLE P. WEINSTE

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED