SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 NOV 18 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K50793 (4)

1. Corporation Name
900 INFORMATION NETWORK, INC.

REINSTATEMENT 96

Principal Place of Business	Mailing Address
444 BRICKELL AVE #900 MIAMI FL 33131	444 BRICKELL AVE #900 MIAMI FL 33131

3. Date Incorporated or Qualified: 12/12/1988
3a. Date for Last Report: 05/01/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 65-0125626 — 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
C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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: TANYA M. VILLAR, SPECIAL ACCOUNTANT SUPERVISOR — 11-13-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE ☒
NAME	GREENBERG, DAVID	
STREET ADDRESS	444 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	TD	DELETE ☐
NAME	BERGMAN, PHILIP	
STREET ADDRESS	3785 N.W. 82ND AVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		DELETE ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	500002010795 LB	Change / Addition
1.2 NAME	-11/21/96--01022--015	
1.3 STREET ADDRESS	****375.00 ****375.00	
1.4 CITY-ST-ZIP		
2.1 TITLE		Change / Addition
2.2 NAME		
2.3 STREET ADDRESS		
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		

DBL-19-96

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED — 10/11/96
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #