2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # K91175 Mar 31, 2000 8:00 am **Secretary of State** NETWORK VENTURES, CORPORATION 03-31-2000 90089 016 ***150.00 Principal Place of Business Mailing Address 1610 N 29TH AVENUE 1610 N 29TH AVENUE HOLLYWOOD FL 33020-2943 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0121128 Not Applicable 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 Name MORRIS, JOHN Street Address (P.O. Box Number is Not Acceptable) 1610 N 29TH AVENUE HOLLYWOOD FL 33020 Zip Code FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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. ☐ Addition ☐ Delete TITLE TITLE NAME NAME VAN EYK, RONALD STREET ADDRESS STREET ADDRESS 1610 N 29TH AVENUE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 Change Addition TITLE ☐ Delete TITLE NAME VAN EYK, JEANNE NAME STREET ADDRESS STREET ADDRESS **1610 N 29TH AVENUE** CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME VAN EYK, JEANNE STREET ADDRESS STREET ADDRESS 1610 N 29TH AVENUE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-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 other like empowered.

IGNING OFFICER OR DIRECTOR