LIMITED LIABILITY COMPANY

Jan 06, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT#** 01-06-2003 90133 001 ****50.00 1. Entity Name Net Foundation LLC *46266668668* DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3357 LAURELWOOD COUR 3357 LAURELWOOD COURT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State TÄRPON SPRWGS, FLORIDA TARPON SPRINGS, FLORIDA 84-1529627 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 34688 34688 USA Fee Required USA 7. Name and Address of Current Registered Agent RICHARD ANDREW HAVE DO NOT WRITE LAURELWOOD COURT IN THIS SPACE TARPON SPRINGS 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, typed or printed name of registered agent and little if applicable FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY I MANAGING MEMBERS/MANAGERS 9. TITLE MORM NAME RICHARD A. HAUF MAME STREET ADDRESS \$357 LAUNELWOOD COURT STREET ADDRESS TARPON SPRINGS, FLORIDA 34688 CUA:21:310 CITY-ST-ZIP me THILE MBRM NAME NAME DENISE M. HAUF STREET ADDRESS 3357 LAURELWOOD COURT STREET ADDRESS CITY ST ZP CITY-ST-ZIP TARPON SPRINGS FLORIDA TITLE ** TILE MALE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CTIV-SI ZIP CITY+ST-ZIP1 IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST 7/P CITY-ST-ZIP TITLE TITLE

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

STREET ADDRESS

CITY-ST-7IP

CITY ST-ZIP

IAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

877. 462.8066

Daytime Phone #

FILED