2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

Mar 17, 2005 8:00 am Secretary of State DOCUMENT # L14504 03-17-2005 90022 024 ***150 00 1. Entity Name THE FIBER SESSION, INC. Principal Place of Business Mailing Address 11405 ROCKY PINES RD. 11405 ROCKY PINES RD. JUPITER, FL 33478 JUPITER, FL. 33478 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03102005 CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 65-0217056 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEEDLY, RONALD L Street Address (P.O. Box Number is Not Acceptable) 11405 ROCKY PINES ROAD JUPITER, FL 33478 City 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 SIGNATURE (NOTE; Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PST** TITLE Change ☐ Addition TITLE ☐ Delete STEEDLY, RONALD L MR NAME NAME 11405 ROCKY PINES DE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P JUPITER, FL 33478 TITLE Delete TITLE ☐ Change ■ Addition NAME STEEDLY, RONALD L MR NAME 11405 ROCKY PINES PE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33478 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME

FILED

☐ 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 address

STREET ADDRESS

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CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

☐ Delete