2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# L35775

Entity Name: SPRAWLNET.COM INC.

Current Principal Place of Business:

1811 N.E. 146TH ST.
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

1811 N.E. 146TH ST.
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 65-0166646 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUSI, ALFREDO
1000 W ISLAND BLVD #1612
WILLIAMS ISLAND, FL 33160 US

Name and Address of New Registered Agent:

SUSI, ALFREDO
1000 W ISLAND BLVD #1611
WILLIAMS ISLAND, FL 33160 US

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: _____ 04/30/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SUSI, ALFREDO
Address: 1000 W. ISLAND BLVD #1612
City-St-Zip: WILLIAMS ISLAND, FL 33160

Title: ST ( ) Delete
Name: SUSI, ALFREDO
Address: 1000 W. ISLAND BLVD #1612
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SUSI, ALFREDO
Address: 1000 W. ISLAND BLVD #1611
City-St-Zip: WILLIAMS ISLAND, FL 33160

Title: ST (X) Change ( ) Addition
Name: SUSI, ALFREDO
Address: 1000 W. ISLAND BLVD #1611
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFREDO SUSI PD 04/30/2002
Electronic Signature of Signing Officer or Director — Date