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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000610

1. Corporation Name
MIVNET CORPORATION

545923 - 90052 - 41

Principal Place of Business	Mailing Address
THOMAS CENTER #210 172 W. FLAGLER STREET MIAMI FL 33130 US	3389 SHERIDAN STREET BOX 443 HOLLYWOOD FL 33021 US

2. Principal Place of Business 21 3389 Sheridan St Suite, Apt. #, etc. 22 PMB443 City & State 23 Hollywood, FL. Zip 24 33021 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 02/06/1995 4. FEI Number 65-0584636 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JONATHON MARKS C/O ROBINSON & MARKS PA 1590 NE 162ND ST., #200 N. MIAMI BCH FL 33162	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE N/A 4/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEVY, MARK L	1.2 NAME	
STREET ADDRESS	3389 SHERIDAN STREET #443	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, GORDON	2.2 NAME	
STREET ADDRESS	155 REXDALE BLVD, SUITE 602	2.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO CA M9W5Z	2.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DUNAIEF, JONATHON C/O C	3.2 NAME	
STREET ADDRESS	26 S. CENTRAL AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ELMSFORD NY 10523	3.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FRAVEL, STEVE C/O INS	4.2 NAME	
STREET ADDRESS	4201 CORPORATE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. DES MOINED IA 50266	4.4 CITY-ST-ZIP	
TITLE	P,D ☐ DELETE	5.1 TITLE	P, D ☒ Change ☐ Addition
NAME	SPENCE, BRIAN	5.2 NAME	Spence, Brian
STREET ADDRESS	11777 BERNARDO PLAZA CT. #103	5.3 STREET ADDRESS	11777 Bernardo Plaza Ct.
CITY-ST-ZIP	SAN DIEGO CA 92128	5.4 CITY-ST-ZIP	San Diego, CA. 92128
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037-(11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/15/99 954 894-7354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #