

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000610

1. Entity Name

MIVNET CORPORATION

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90204 010 ****61.25

Principal Place of Business	Mailing Address
3389 SHERIDAN ST. PMB 443 HOLLYWOOD FL 33021 US	3389 SHERIDAN STREET BOX 443 HOLLYWOOD FL 33021-3606 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0584636	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

JONATHON MARKS C/O ROBINSON & MARKS PA
1590 NE 162ND ST., #200
N. MIAMI BCH FL 33162

7. Name and Address of New Registered Agent

Name: MARK LEVY C/O Robinson & Marks, PA.
Street Address (P.O. Box Number is Not Acceptable): 3389 SHERIDAN ST.
City: N. MIAMI BEACH, FL Zip Code: 33162

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: [Signature] MARK LEVY 4/18/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> Delete
NAME	LEVY, MARK L.	
STREET ADDRESS	3389 SHERIDAN STREET #443	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SPENCE, BRIAN	
STREET ADDRESS	11777 BERNARDO PLAZA CT	
CITY-ST-ZIP	SAN DIEGO CA 92128	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DUNAIEF, JONATHON C/O C	
STREET ADDRESS	26 S. CENTRAL AVE.	
CITY-ST-ZIP	ELMSFORD NY 10523	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FRAVEL, STEVE C/O INS	
STREET ADDRESS	4201 CORPORATE DR.	
CITY-ST-ZIP	W. DES MOINES IA 50266	
TITLE	P	<input type="checkbox"/> Delete
NAME	SPENCE, BRIAN	
STREET ADDRESS	11777 BERNARDO PLAZA CT. #103	
CITY-ST-ZIP	SAN DIEGO CA 92128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 reports 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: [Signature] 4-18-00 954 8947354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)