2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 15, 2001 8:00 am Secretary of State DOCUMENT # N9500005064 1. Entity Name NAPLES FREE-NET, INC. 03-15-2001 90186 040 ****61.25 Mailing Address Principal Place of Business PO BOX 222 2654 EAST TAMIAMI TRAIL NAPLES FL 33939 NAPLES FL 33962 2. Principal Place of Business 3. Mailing Address 2655-NORTH BROOKE D 2655-NORTHBROOKE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. S./o/ Applied For 4. FEI Number & State 65-0651168 APLES Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired COWER Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ERED JAEGER O Box Number is Not Acceptable) CONRAD, KELLEY A 7657 SAN SEBASTIAN NAPLES FL 34109 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 25/01 if applicable (NOTF: Registered Agent signature required when reinstating) Make Check Pavable to FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition Delete Change PD TITLE TITLE WILFEED JAEGER CONRAD. KELLEY NAME NAME 139- ARCTIC WAY STREET ADDRESS 7687 SAN SEBASTIAN WAT STREET ADDRESS NAPLES, FL 34104 CITY-ST-ZIP CITY-ST-7/P NAPLES FL 34109 Addition Delete ☐ Change ۷D TITLE TITLE MANNING FLAUM VASEY, DENNIS NAME NAME 696-98 % AUE N. STREET ADDRESS 4398 LONGSHORE WAY N STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NAPLES FL 34119 Addition Delete TITLE COOK, LARRY: NAME NAME: STREET ADDRESS STREET ADDRESS PO BOX 2867 628-LAMBTON LANE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 Japles, FL 34104 ☐ Change Addition TITLE ... Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP