2001 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2001 8:00 am Secretary of State MANASOTA BUSINESS NETWORK INC. 05-11-2001 90119 012 ****61.25 Principal Place of Business 617 CORTEZ RD W BRADENTON FL34207. BRADENTON FL AUU63589 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ABENTON FL 4. Fill Number Applied For Not Applicable \$8.75 Additional Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SUITE DOIL City BRADENTON Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to. Trust Fund Contribution. FEE-IS \$61.25 Added to Fees - Department of State --10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Addition GARGIULO EW, 5 UTE D.1. NAME FLETCHER, KEN STREET ADDRESS 557 KIRST ST EAST STREET ADDRESS CITY-ST-ZIP 12 34205 BRADENTON CITY-ST-ZIP 34208 AD ENTON TITLE TITLE ☐ Change BAUMNER, KLAUS NAME NAME STREET ADDRESS 101 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 34209 BRADENTON TITLE TITLE NAME NAME STREET ADDRESS POBOX 14981 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME DIDONNELL KEVIN STREET ADDRESS STREET ADDRESS WESTMORLAND CITY-ST-ZIP 34287 CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS BOX 15134 CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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, with all other like empowered. BERT LAMBERI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR