2001 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2001 8:00 am^e DOCUMENT # N9900006452 Secretary of State 1. Entity Name THE INTERNET FOUNDATION, INC. 05-03-2001 91163 038 ****61.25 Mailing Address Principal Place of Business 200 SOUTH BISCAYNE BLVD., 20TH FLOOR 200 SOUTH BISCAYNE BLVD., 20TH FLOOR MIAMI FL 33131-2310 MIAMI FL 33131-2310 2. Principal Place of Business 3. Mailing Address 201 South Biscayne Blvd. 201 South Biscayne Blud. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 850 Suite 850 City & State City & State 4. FEI Number Applied For FL Miami 65-0957989 Miami Not Applicable Country しらみ Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 33131 33131 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent address change onl Street Address (P.O. Box Number is Not Acceptable) ROSSZ FIU CORPORATION South Briscargue 200 SOUTH BISCAYNE BLVD., 20TH FLOOR Suite 850 MIAMI FL 33131-2310 Miau 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. lan Carson Cheezem Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Addition ☐ Delete TITI F TITLE ROBERTS, LYNN H NAME NAME 201 South Briscayne Blud., Suite 850 STREET ADDRESS STREET ADDRESS 200 SOUTH BISCAYNE BLVD., 20TH FLOOR CITY-ST-ZIP FL CITY-ST-ZIP MIAMI FL 33131-2310 Change Addition Delete TITLE TITLE Jan Carson Cheezery FRIEDBAUER, ROGER NAME NAME 201 South Briscame Blvd, Suite 850 Miami FL 33/31 STREET ADDRESS STREET ADDRESS 200 SOUTH BISCAYNE BLVD., 20TH FLOOR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-2310 . Gelete Change TITLE SALGADO, WILLIAM NAME NAME 201 South Becayne Blud, Suite 850 STREET ADDRESS STREET ADDRESS 200 SOUTH BISCAYNE BLVD., 20TH FLOOR 33131 FL CITY-ST-7IP Miani CITY-ST-ZIP MIAMI FL 33131-2310 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITL F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description Proce #

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 with all other like empowered.

SIGNATURE