FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2002 8:00 am Secretary of State P00000003658 DOCUMENT # 1. Entity Name 04-18-2002 90388 041 ***150.00 ZERON NETWORK, INC. Mailing Address Principal Place of Business 9450 S.W. 25TH DRIVE 9450 S.W. 25TH DRIVE MIAMI FL 33165 MIAMI FL 33165 3. Mailing Address 2. Principal Place of Business SW 31 TERR 9965 SW 31 TERR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0986368 MIAMI MIAMI Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZERON, FREDDY S Street Address (P.O. Box Number is Not Acceptable) 9450 S.W. 25TH DRIVE **MIAMI FL 33165** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE ZERON, FREDDY S NAME NAME 9965 S.W. 31 TERR 9450 SW-25TH-DRIVE STREET ADDRESS STREET ADDRESS **MIAMI FL 33165** CITY-ST-ZIP MIAMI, FL 33165 CITY-ST-7IP ☐ Addition **VPS** TITLE ☐ Delete TITLE ZERON, VIRGINIA NAME NAME 9965 SW 31 TERR 9450 SW 25TH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33165** MIAMI, FL 33165 - [Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete

13. 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 try true empowered to execute this leport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with a factoress, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIRGINA 2000 4/8/02

305.854.8504

Daytime Phone #