2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 28, 2001 08:00 AM DOCUMENT # P0000021160 1. Entity Name **Secretary of State** GALAXY INTERNET SERVICES, INC. Principal Place of Business Mailing Address 7205 THOMAS DRIVE 7205 THOMAS DRIVE SUITE 806 E SUITE 806 E PANAMA CITY BEACH PANAMA CITY BEACH FL 32408 32408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3628170 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. PEAVY RAUDEN APRES. 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) 7205 THOMAS DR. CORAL GABLES FL33134 US City Zip Code PANAMA CITY BEACH 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. RAUDEN A. PEAVY -04/28/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VTD TITLE CR2E034 (11/00) ☐ Delete TITLE X Change ☐ Addition MCHIIGH MAME RICHARD NAME MCHUGH RICHARD STREET ADDRESS 7205 THOMAS DRIVE STREET ADDRESS 6209A SOUTH LAGOON26 CITY-ST-ZIP PANAMA CITY BEACH FL 32408 CITY-ST-ZIP PANAMA CITY BEACH 32408 ☐ Delete **PSD** TITLE PSD X Change NAME PEACY RAUDEN NAME PEAVY RAUDEN STREET ADDRESS 7205 THOMAS DRIVE STREET ADDRESS 7205 THOMAS DRIVE CITY-ST-ZIP PANAMA CITY BEACH FL 32408 CITY-ST-ZIP PANAMA CITY BEACH FL32408 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trustee empowered to execute this report 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 an address, with all other like empowered.

04/28/2001

Daytime Phone #

Date

Rauden A. Peavy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _