FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90174 009 ***150.00

DOCUMENT # P00000022845

1. Entity Name
ADVANCED TELECOMMUNICATION AND NETWORKING TECHNOLOGIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4850 ST. JAMES AVENUE
Suite, Apt. #, etc.
City & State: TITUSVILLE FL
Zip: 32780 Country: USA

3. Mailing Address
300 FIFTH AVENUE SOUTH
Suite, Apt. #, etc.: SUITE 101-456
City & State: NAPLES FL
Zip: 34102 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 62-1807641 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name: RENITA WATTS
Street Address (P.O. Box Number is Not Acceptable): 4850 SAINT JAMES AVENUE
City: TITUSVILLE FL Zip Code: 32780

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CHAIRMAN
NAME	JIM JOHNSON
STREET ADDRESS	#20 JUSTICE LANE
CITY-ST-ZIP	CONWAY, AR 72033
TITLE	PRESIDENT
NAME	JESSIE BAKER
STREET ADDRESS	7408 TOLTEC DRIVE
CITY-ST-ZIP	NORTH LITTLE ROCK AR 72116
TITLE	VICE PRESIDENT
NAME	WARREN LOGAN
STREET ADDRESS	105 TECUMSEH TRAIL
CITY-ST-ZIP	JACKSONVILLE AR 72076
TITLE	SECRETARY/TREASURER
NAME	RON DAVIS
STREET ADDRESS	311 BOBWHITE ROAD
CITY-ST-ZIP	LONOKE AR 72086
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/17/02 877 235 7707.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #