

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90057 039 ***150.00

DOCUMENT # P00000047797 ✓
 1. Entity Name
TELNET INTERNATIONAL, INC

Principal Place of Business Mailing Address
300 S. HYDE PARK AV. P.O. BOX 18186
#200 TAMPA, FL 33606 TAMPA, FL 33679

770711

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **09 3659578** Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TIMOTHY S. DE DIEGO
300 S. HYDE PARK AV.
#200
TAMPA, FL 33606

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

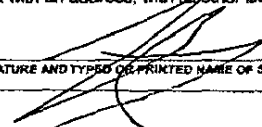
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

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

11. OFFICERS AND DIRECTORS
 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 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.

SIGNATURE:  5/2/01 813 835 5295
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)