2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 23, 2001 8:00 am Secretary of State DOCUMENT # P0000070449 ADVANCED COMPUTER NETWORKING, INC. 01-23-2001 90038 015 ***150.00 Principal Place of Business Mailing Address 2830 WINKLER AVE., #102 2830 WINKLER AVE., #102 FT. MYERS FL 33901 FT. MYERS FL 33901 702086 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAULINO-RODRIGUEZ, MARY ANN Street Address (P.O. Box Number is Not Acceptable) 2830 WINKLER AVE., #102 FT. MYERS FL 33901 Zip Code FL 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ∟¬ Addition TITLE ☐ Delete ☐ Change TITLE. PAULINO-RODRIGUEZ, MARY ANN NAME NAME 2830 WINKLER AVE., #102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT. MYERS FL 33901 **Addition** Change TITLE □ Delete TITLE Topolyn, Wayne 2017 Coronet Street NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP FORT MY 625, FL 33907 CITY-ST-ZIP Change **Addition** Delete TITLE Noach, Frederick 3400 Central Ave. NAME NAME STREET ADDRESS STREET ADDRESS FORT MYERS, FL 33901 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS 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.