200 ¥ UNIFORM BUSINESS REPORT (UBR) **FILED** May 07, 2002 8:00 am Secretary of State DOCUMENT # P00000097701 1. Entity Name EXPRESSI NETWORKS INC. 05-07-2002 90245 016 ***150.00 Principal Place of Business Mailing Address 3401 SW 104nd Ct. 22 02 same Miami, Fl. 33165 2. Principal Place of Business 3. Mailing Address 4640 NW 107 Ave. 4640 NW 107 Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2202 2202 City & State City & State 4. FEI Number Applied For Miami, Miann<mark>i, Fl.</mark> 33178 65-1051334 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Miami-Dade 33178

6. Name and Address of Current Registered Agent Miami-Dade 7. Name and Address of New Registered Agent Name Catalina Ferrer Rodolfo Pedraza 3401 SW 104 Ct. Street Address (P.O. Box Number is Not Acceptable) 4640~NW~107~Ave.~#2202Miami, Fl. 33165 City Miami Zip Code 3317<u>8</u> 8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. (See criteria on back) ----Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President/Director TITLE Delete TITLE Addition President/Director Change Catalina Ferrer NAME NAME Rodolfo Pedraza STREET ADDRESS 3401 SW 104nd Ct. STREET ADDRESS 4640 NW 107 Ave. #2202 CITY-ST-ZIP Miami, Fl. 33165 CITY-ST-ZIP <u>Miami, Fl. 33178</u> TITLE ☐ Delete TITLE ☐ Change X Addition Secretary NAME NAME Catalina Ferrer 3401 SW 104nd Ct. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, Fl. 33165 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 supplymental 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 th an address, with all er like empowéred. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR