2001 UNIFORM BUSINESS REPORT (UBR)

May 11, 2001 8:00 am Secretary of State DOCUMENT # P00000103318 PRESTO NETWORKS, INC. 05-11-2001 90016 039 ***150.00 Principal Place of Business Mailing Address 1200 STIRLING RD #BA 1200 STIRLING RD #BA DANIA FL 33004 DANIA FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEL Number P2_ 1052874 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DESANTIS, TITO Street Address (P.O. Box Number is Not Acceptable) 1200 STIRLING RD #BA DANIA FL 33004 City Zip Code 1,25 m 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. THE Change Addition Dist ☐ Delete NAME DESANTIS, TITO NAME STREET ADDRESS 1200 STIRLING RD #BA STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P DANIA FL 33004 Delete ☐ Change ☐ Addition THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z!P CITY - ST - ZiF ☐ Delete Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deicte ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7:P CHY-S1-ZIP Addition TITLE ☐ Delete TITLE ☐ Change 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 suppler of the corporation or the receiver ental 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 r trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachme

OR DIRECTOR