

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000106642**

1. Entity Name

FIDELITY NETWORKS, INC.**FILED****Jan 25, 2001 8:00 am**
Secretary of State

01-25-2001 90016 031 ***150.00

Principal Place of Business

5430 NE 15TH AVE
FT LAUDERDALE FL 33334

Mailing Address

P.O. BOX 4491
DEERFIELD BCH FL 33442

2. Principal Place of Business

5430 NE 15th Ave.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4491
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Deerfield Beach, FL

4. FEI Number

65-1055323☒ Applied For

Not Applicable

Zip

33334

Country

Broward USA

Zip

33442

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISHER, NATHANIEL
5430 NE 15TH AVE
FT LAUDERDALE FL 33334

Name

Nathaniel Fisher

Street Address (P.O. Box Number is Not Acceptable)

5430 NE 15th Ave

City

Ft. Lauderdale**FL**

Zip Code

33334

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

1/15/019. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------------------|----------------|-------------|---------------------------------|
| | President / CEO | | | |
| | Nathaniel Fisher | | | |
| | 5430 NE 15th Ave | | | |
| | Ft. Lauderdale, FL 33334 | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------------------|----------------|-------------|---------------------------------|
| | Secretary | | | |
| | Nathaniel Fisher | | | |
| | 5430 NE 15th Ave | | | |
| | Ft. Lauderdale, FL 33334 | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------------------|----------------|-------------|---------------------------------|
| | Treasurer | | | |
| | Nathaniel Fisher | | | |
| | 5430 NE 15th Ave | | | |
| | Ft. Lauderdale, FL 33334 | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Nathaniel Fisher / CEO****1/15/01**

Date

888-646-1285

Daytime Phone #

CR2E034 (10/00)