2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000003334

Entity Name: I-NET REFERRALS, INC.

FILED Feb 26, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

169 WEST BROADWAY STREET OVIEDO, FL 327658384

Current Mailing Address: New Mailing Address:

169 WEST BROADWAY STREET OVIEDO, FL 327658384

FEI Number: 59-3690837 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORGAN, JENNIFER A
169 WEST BROADWAY STREET
OVIEDO, FL 327658384

MORGAN, TIMOTHY H
169 WEST BROADWAY STREET
OVIEDO, FL 327658384

OVIEDO, FL 327658384

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: TIMOTHY H MORGAN 02/26/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MORGAN, JENNIFER A MORGAN, JENNIFER A Name: Name: 1094 MCKEAN CIRCLE 1094 MCKEAN CIRCLE Address: Address: City-St-Zip: WINTER PARK, FL 327892681 City-St-Zip: WINTER PARK, FL 327892681

Title: D () Delete Title: DP (X) Change () Addition

Name: MORGAN, TIMOTHY H
Address: 1094 MCKEAN CIRCLE
City-St-Zip: WINTER PARK, FL 327892681

Name: MORGAN, TIMOTHY H
Address: 1094 MCKEAN CIRCLE
City-St-Zip: WINTER PARK, FL 327892681

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY H MORGAN DP 02/26/2002