FILED Sep 17, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) P01000008376 **DOCUMENT#** 1. Entity Name 09-17-2002 90106 024 ***158.75 NETVANTUS, INC. Mailing Address Principal Place of Business 7618 SONESTA SHORES DRIVE 7618 SONESTA SHORES DRIVE **BOYNTON BEACH FL 33463 BOYNTON BEACH FL 33463** 2. Principal Place of Business 7618 Sonesta Shores Drive 3. Mailing Address 7618 Sonesta Shores Drive DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 65-1072349 ake Worth Not Applicable \$8.75 Additional__ 5. Certificate of Status Desired - - -USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, WIL Street Address (P.O. Box Number is Not Acceptable) **7618 SONESTA SHORES DRIVE BOYNTON BEACH FL 33463** Zip Code City 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. I am familiar with, and accept the objigations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE (\$ \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Change n Delete TITLE SMITH, WIL NAME NAME **7618 SONESTA SHORES DRIVE** STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33463** CITY-ST-ZIP CITY-ST-7IF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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: Washington

TÎTLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SKINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

9/12/2002 561.964.218

~ ☐ Change ~

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(Addition

☐ Addition

Davlime Phone

CR2E034 (4/02)

September 13, 2002

To Whom It May Concern:

I did not receive the initial 2002 Uniform Business Report. Enclosed is a check for the initial fee.

Thank you,

Wil J. Smith NetVantus, Inc.