APR-30-2002 11:44 AM

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90097 001 ***150.00

DOCUMENT # P01000018718

1. Entity Name: LEADS AND NETWORKING SOLUTIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
505 WETHERBY LN Suite, Apt. #, etc.	SAME Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State: ST. AUGUSTINE, FL	City & State	4. FEI Number: 59-3703028 ☐ Applied For ☐ Not Applicable
Zip: 32092 County: ST. JOHNS	Zip / Country	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DAVID INTERNOSCIA

Street Address (P.O. Box Number is Not Acceptable): 5149 PONCE DE LEON BLVD UNIT #7

City: ST. AUGUSTINE FL Zip Code: 32084

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: JOHN W. LEALLIN, PRES. 4/30/02
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.V.T.S.D. JOHN W. LEALLIN 505 WETHERBY LN. ST AUG. FL 32092
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W. LEALLIN PRES. 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

904-287-6728
Business Phone