FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90222 050 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

70038901

DOCUMENT # P01000032543

1. Entity Name
ADVANCED NETWORKING SOLUTIONS, INC.

Principal Place of Business	Mailing Address
6047 TOWN COLONY DR #1322 BOCA RATON, FL 33433	6047 TOWN COLONY DR #1322 BOCA RATON, FL 33433

2. Principal Place of Business	3. Mailing Address
2308 BRIDGEWOOD DR	P.O. Box 880352
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA-RATON, FLORIDA	City & State: BOCA-RATON, FLORIDA
Zip: 33434 Country	Zip: 33488 Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1099791 ☐ Applied For ☐ Not Applicable

5. 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
BLOOMQUIST, RICHARD 3331 SIERRA BLVD LAKE WORTH, FL 33461	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 obligations of registered agent.

SIGNATURE: Jonathan Bloomquist 4/8/03
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent's signature required when reinstating.) DATE

FILE NOW: FEE IS $150.00
After May 1, 2003 Fee Will Be $550.00
Make Check Payable to: Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BLOOMQUIST, JONATHAN 2308 BRIDGEWOOD DR BOCA RATON, FL 33434	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E084 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jonathan Bloomquist 4/8/03 561-213-1356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #