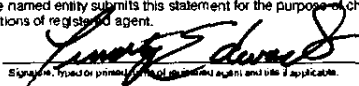


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92184 040 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

80113109

DOCUMENT # P01000048959			
1. Entity Name L & T NETWORKING SOLUTIONS, INC.			
Principal Place of Business 5601 DIANTHUS STREET GREEN COVE SPRINGS, FL 32043		Mailing Address 5601 DIANTHUS STREET GREEN COVE SPRINGS, FL 32043	
2. Principal Place of Business		3. Mailing Address 3249 Fox Squirrel Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Orange Park, FL	
Zip		Zip 32073	
Country		Country Clay	
4. FEI Number 59-3706761		Applied For Not Applicable	
5. Certificate of Status Desired		5. Certificate of Status Desired	
<input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDWARDS, TIMOTHY 5601 DIANTHUS STREET GREEN COVE SPRINGS, FL 32043		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number Is Not Acceptable)		Street Address (P.O. Box Number Is Not Acceptable)	
City		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 		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. <input type="checkbox"/> \$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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
V GREEN, LAWRENCE D V 5601 DIANTHUS STREET GREEN COVE SPRINGS, FL 32043		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
P EDWARDS, TIMOTHY P 5601 DIANTHUS STREET GREEN COVE SPRINGS, FL 32043		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		5/1/03 904-37-5316	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	