



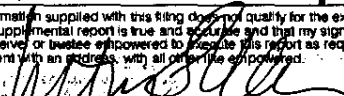
\*Amendment

FILED

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**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000081087			
1. Entity Name <b>GET NET SMART, INC.</b>			
Principal Place of Business 1860 BOYSCOUT DR, SUITE 209 FT MYERS, FL 33907		Mailing Address 1860 BOYSCOUT DR, SUITE 209 FT MYERS, FL 33907	
2. Principal Place of Business		3. Mailing Address <b>4640 Siesta Circle</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Ft. Myers FL</b>	
Zip	Country	Zip	Country
<b>33901</b>	<b>US</b>	<b>33901</b>	<b>US</b>
4. FEI Number <b>01-0657416</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PERSONETT, RANDALL J 1860 BOYSCOUT DR, SUITE 209 FT MYERS, FL 33907</b>		7. Name and Address of New Registered Agent Name <b>Monfort, Victoria</b> Street Address (P.O. Box Number is Not Acceptable) <b>4640 Siesta Circle</b> City <b>Ft. Myers</b> FL Zip Code <b>33901</b>	
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, the current agent.			
SIGNATURE 		DATE	
Signature of current agent (name of registered agent and title if applicable)		(NOTE: Registered Agent Signature required when registering)	
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	PS MONFORT, VICTORIA 4640 SIESTA CIRCLE FT MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Monfort Victoria 4640 Siesta Circle Ft. Myers, FL 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PERSONETT, RANDALL J 1860 BOYSCOUT DR, SUITE 209 FT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(1), 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 of the information.			
SIGNATURE: 		DATE: <b>4/28/03</b> 239.839.8084	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

VICTORIA MONFORT, PRESIDENT

gsk

CFR6034 (10/02)

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