FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90039 048 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000082828

1. Entity Name

Technology network, INC.

DO NOT WRITE IN THIS SPACE

662551

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2. Principal Place of Business	3. Mailing Address
3800 Inverrary Blvd	Same
Suite, Apt. #, etc. Suite 100P	Suite, Apt. #, etc.
City & State Lauderhill FL	City & State
Zip 33319 Country Broward	Zip Country

4. FEI Number Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Fritz Grant

Street Address (P.O. Box Number is Not Acceptable) 4200 NW 16th St 608

City Lauderhill FL Zip Code 33313

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	
NAME	Orlando McClymonth
STREET ADDRESS	3800 Inverrary Blvd Loop
CITY-ST-ZIP	Lauderhill FL 33319
TITLE	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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: Orlando McClymonth 04/30/02 954-682-7867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #