2002 UNIFORM BUSINESS REPORT (UBR)

Sep 08, 2002 8:00 am Secretary of State P01000086656 **DOCUMENT #** 1. Entity Name 09-08-2002 90050 015 ***550.00 LOGIC NETWORKS, INC. Principal Place of Business Mailing Address 1000000 9678 SUN POINTE DRIVE 9678 SUN POINTE DRIVE **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For \ni Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARTMANADAVID Street Address (P.O. Box Number is Not Acceptable) 9678 SUN POINTE DRIVE **BOYNTON DEACH FL 33437** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD Addition TITLE Delete TITLE ☐ Change HARTMAN, DAVID NAME NAME 9678 SUN POINTE DRIVE STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-7IP CITY-ST-ZIP CE₀ ☐ Change TITLE ☐ Delete Addition TITLE HARTMAN, DAVID NAME NAME 9678 SUN POINTE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 CITY-ST-ZIP STD ☐ Addition ☐ Delete TITLE ☐ Change HARTMAN, BRENDA 9678 SUN POINTE DRIVE STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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 Block 12 if changed, or on an attachment with an addr

STREET ADDRESS CITY-ST-ZIP

ZIN JIRED SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

FILED