2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 23, 2002 8:00 am Secretary of State P01000090281 DOCUMENT # 1. Entity Name 05-23-2002 90091 022 ***150 00 WORLDWIDE NETWORKING TECHNOLOGIES CORP. Principal Place of Business Mailing Address 2929 WILLOW AVE STE 1 2929 WIĽYQW AVE STE 1 LAKELAND FL 33803 LAKELAND FL 93803 2. Principal Place of Business 3. Mailing Address 123 N. Kentuck *1*23 N. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 214 City & State City & State 4. FEI Number Applied For 59-3743307 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LARISCY, ANTHONY G Street Address (P.O. Box Number is Not Acceptable) 2925 Willow Ave 2025 WILLOW AVE STET Lateland, FI 33803 LAKELAND FL 33803 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Lariscy, Anthony 6. CR2E034 (9/01) □ Delete TITLE ☐ Addition LARISCY, ANTHONY G NAME NAME 2925 Willie Ave 2929 WILLOW AVE STE 1 STREET ADDRESS STREET ADDRESS Lateland, F1 33803 LAKELAND FL 33803 CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition Hernandez, Paul J. 4705 Lachmen Ct NAME HERNANDEZ. D PAUL NAME 2929 WILLOW AVE STE 1 STREET ADDRESS STREET ADDRESS LAKELAND FL 33803 CITY-ST-ZIP Delete TITLE TITLE "∐ Chañge Addition 🔲 🗀 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if

FILED