FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90719 015 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 20

DOCUMENT # P01000094954

1. Entity Name

VISION NETWORKS, Inc

90119236

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
10959 Buggy Whip Dr	10959 Buggy Whip Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Florida	City & State: Jacksonville Florida
Zip: 32257 Country: Duval	Zip: 32257 Country: Duval

4. FEI Number 59-3754720 — 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: David A. Reneau
Street Address (P.O. Box Number is Not Acceptable): 10959 Buggy Whip Dr
City: Jacksonville FL Zip Code: 32257

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] 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	David A. Reneau
STREET ADDRESS	10959 Buggy Whip Dr
CITY-ST-ZIP	Jacksonville, FL 32257
TITLE	Vice President
NAME	Thomas F. Blakely
STREET ADDRESS	12598 Ft. Caroline Rd
CITY-ST-ZIP	Jacksonville FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/28/03 904/482-0246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #