FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 01, 2002 8:00 am Secretary of State P01000108467 DOCUMENT # 1. Entity Name COMNET TECHNOLOGIES, INC. 05-01-2002 91501 015 ***150.00 Principal Place of Business Mailing Address 7775 SW 86 STREET 7775 SW 86 STREET SUITE 202 SUITE 202 MIAMI FL 33143 MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address 162 AVE 5017 SW 5017 SW 162 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MIRAMAR, MIRAMAR 65-1152658 Not Applicable Country Country \$8.75 Additional 33027-5. Certificate of Status Desired US *33027* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHEN, JULY CHEN, JULY Street Address (P.O. Box Number is Not Acceptable) 7775 SW 86 STREET 5017 SW 162 AVE SUITE 202 **MIAMI FL 33143** Zip Code MIRAMAR 3*30.2* 7 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. 04/01/02 ed Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME CHEN, KENNY CHEN, KENNY NAME 4882 PLANTERS RIDGE DR. 736 W. VIRGINIA STREET APT. 12 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32304 CITY-ST-ZIP TALLAHASSEE, FL 32311 ☐ Delete TITLE Change Addition NAME CHEN, JULY CHEN, JULY NAME 5017 SW 162 AVE STREET ADDRESS 7775 SW 86TH STREET APT F1-202 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33143 CITY-ST-ZIP MIRAMAR, FL 33027 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 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 filling 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 affachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

April 1, 2002

305-742-5323

Change

☐ Addition

Daytime Phone #