FILED May 09, 2003 8:00 am Secretary of State

05-09-2003 90146 008 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P02000046719 Entity Name
 MCH NETWORKING, INC. Principal Place of Business Mailing Address 5811 ERHARDT DR 5811 FRHARDT DR RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 Principal Place of Business O 150 High land Man o R DR Sulte, Apt. 1, etc. TO CHECK HERE IF MAKING CHANGES 62-0594585 City & State Applied For Not Applicable Zip Country \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent COUGHLIN, MICHAEL P 5811 ERHARDT DR RIVERVIEW, FL 33569 Street Address (P.O. Box Number is Not Acceptable) Zip Code 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 (NOTE: Registeral Agent signation inquired when shimming) FILE NOWITIVEED IS \$150.00

After May 1 2003 Fee Will be \$550.001 S

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTO \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (10/02) Delete ☐ Change Addition TITLE TITLE NAME HANLON, MICHAEL R NAME 501 S MOODY ST, #1111 STREET ADDRESS STREET ADDRESS CR2E034 TAMPA, FL 33609 CHY-ST-ZP CITY-ST-ZIP TITLE Delete TOLE ☐ Change Addition NAME COUGHLIN, MICHAAEL P Nelds STREET ADDRESS 5811 ERHARDT DR STREET ADDRESS CITY-St-7P RIVERVIEW, FL 33569 CITY-ST-21P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARK NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-5T-ZIP □ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADD CITY-ST-2IP 12. Thereby 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 suppliemental 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 refuse or business empowered to explose this special point is a required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapted, or on an attachment with an address, with all other like empowered. SIGNATURE:



To whom it may concern,

We spoke to a representative from your Department today. They asked us to type a letter to explain that our company MCH Networking INC never received a letter to notify us that we had to pay 150.00 to the department of Corporations State of Florida. They told us to enclose a check along with this letter and helped us to fill it out correctly. We also have requested a Certificate of status.

If you have any question Please feel free to contact me at 813-571-8111

Thank You

Michael P Coughlin

CFO