

03

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY '27 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000107508 1. Entity Name DHL VIRTUAL NETWORKS INC.				DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business Suite, Apt. #, etc. 1401 DEWEY STREET City & State HOLLYWOOD FL Zip 33020		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		DO NOT WRITE IN THIS SPACE	
4. FEI Number 22-3878919		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent Name LAMOTHE, FERNAND Street Address (P.O. Box Number is Not Acceptable) 1401 DEWEY STREET City HOLLYWOOD FL 33020 FL Zip Code 33020	
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 05/21/03 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD HAMILTON, KARL 1880 DU CARIBOU #102 LONGUEUIL QUEBEC CANADA J4N1P5		TITLE NAME STREET ADDRESS CITY - ST - ZIP	300019870329 05/27/03-01028-003 **150.00	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

CR2E034B (12/02)

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