

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000040447

FILED
Oct 20, 2004
Secretary of State

Entity Name: NETWORK ASSOCIATES OF SW FLORIDA, INC.

Current Principal Place of Business:

2681 AIRPORT RD S STE C-103
NAPLES, FL 34112

New Principal Place of Business:

2681 AIRPORT RD S STE C-110
NAPLES, FL 34112

Current Mailing Address:

2681 AIRPORT RD S STE C-103
NAPLES, FL 34112

New Mailing Address:

2681 AIRPORT RD S STE C-110
NAPLES, FL 34112

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDERSON, MICHAEL L
2681 AIRPORT RD S STE C-103
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

ANDERSON, MICHAEL L
2681 AIRPORT RD S STE C-110
NAPLES, FL 34112 US

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: MICHAEL ANDERSON

10/20/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANDERSON, MICHAEL L
Address: 4987 PEPPER CIR #I-108
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: ANDERSON, NICOLE A
Address: 4987 PEPPER CIR I-108
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLE ANDERSON

D

10/20/2004

Electronic Signature of Signing Officer or Director

Date