FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2004 8:00 am
Secretary of State
05-06-2004 90168 005 ***150.00

DOCUMENT # P03-67080

1. Entity Name
IMS NETWORK GROUP, INC.

DO NOT WRITE IN THIS SPACE

54053096
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7401 N.W. 68 St	P.O. BOX 524403
Suite, Apt. #, etc. A-5	Suite, Apt. #, etc.
City & State MIAMI, Florida	City & State MIAMI, Florida
Zip 33166 Country Dade	Zip 33152 Country Dade

4. FEI Number 37-1468963 ☐ 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 Jeffrey Gonzalez

Street Address (P.O. Box Number is Not Acceptable)

7401 N.W. 68 St A-5

City MIAMI FL Zip Code 33166

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Jeffrey Gonzalez
STREET ADDRESS	P.O. Box 524403
CITY-ST-ZIP	Miami, Florida 33152

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey Gonzalez [signature] 04/20/04 305-490-3307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #