2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 01, 2005 8:00 am Secretary of State **DOCUMENT # P04000067899** 02-21-2005 90060 040 ***150.00 1. Entity Name GBG NET MANAGEMENT, INC. 07-01-2005 90001 040 ***150.00 Mailing Address Principal Place of Business 9122 GRIFFIN RD 9122 GRIFFIN RD COOPER CITY, FL. 33328 115 COOPER CITY, FL 33328 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06282005 CR2E034 (10/03) 4. FEI Number City & State Applied For City & State Not Applicable Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHAFLER, BRIAN Street Address (P.O. Box Number is Not Acceptable) 9122 GRIFFIN RD COOPER CITY, FL 33328 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution corporation did not receive the prior notice. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Change TITLE Delete SCHAFLER, BRIAN M NAME NAME STREET ADDRESS STREET ADDRESS 5387 SW 120TH AVE COOPER CITY, FL 33328 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE BRANDWEIN, GARY NAME NAME STREET ADDRESS 5387 SW 120TH AVE STREET ADDRESS CITY-ST-ZIP COOPER CITY, FL 33328 CITY-ST-ZIP TITLE TRES ☐ Delete ☐ Change ☐ Addition TROTTA, GREG NAME NAME STREET ADDRESS 5387 SW 120TH AVE STREET ADDRESS COOPER CITY, FL 33328 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Defete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete Change Addition TITLE TITLE

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED