

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000052918

Entity Name: CIPS NETWORKS INCORPORATED

FILED  
Oct 19, 2009  
Secretary of State

## Current Principal Place of Business:

6765 SUNSET STRIP  
STE 5  
SUNRISE, FL 33313 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 450147  
SUNRISE, FL 33351 US

## New Mailing Address:

FEI Number: 41-2173277

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADADI, SONNY  
6765 SUNSET STRIP  
STE 5  
SUNRISE, FL 33313 US

## Name and Address of New Registered Agent:

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: SONNY ADADI

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: P ( ) Delete  
Name: ADADI, SONNY  
Address: 9923 NOB HILL PL  
City-St-Zip: SUNRISE, FL 33351 US

Title: VP ( ) Delete  
Name: ROPER, TIA  
Address: 3210 N.W. 94TH WAY  
City-St-Zip: SUNRISE, FL 33351 US

Title: COO ( ) Delete  
Name: ODILI, SONNY  
Address: 213 SIMONSON AVENUE  
City-St-Zip: STATEN ISLAND, NY 10303 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: COO (X) Change ( ) Addition  
Name: ADADI, SONNY  
Address: 9923 NOB HILL PLACE  
City-St-Zip: SUNRISE, FL 33351 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SONNY ADADI

P

10/19/2009

Electronic Signature of Signing Officer or Director

Date