## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 01, 2000 08:00 AM DOCUMENT # P94000051494 **Secretary of State** HOSNET INTERNATIONAL, INC. Principal Place of Business Mailing Address PO BOX 691898 PO BOX 691898 ORLANDO FL ORLANDO FL 32869 32869 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3323973 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHRISTOPHER J DRACO 6849 WEST COLONIAL DRIVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO 32818 Zip Code 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. 05/01/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE N Delete TITLE ☐ Change ☐ Addition CHRISTOPHER J DRACO NAME STREET ADDRESS PO BOX 691898 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO 32869 TITLE ☐ Delete PTD TITLE PVST X Change ☐ Addition NAME DOROTHY NAME CHRISTOPHER J BUCK DRACO STREET ADDRESS P.O. BOX 22867 N/A STREET ACCRESS PO BOX 691898 N/A CITY-ST-ZIP CITY-ST-ZIP LAKE BUENA VISTA FL. 32830 ORLANDO FL. 328691898 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED