2000 UNIFORM BUSINESS REPORT (UBR)

Apr 20, 2000 8:00 am Secretary of State DOCUMENT # **P94000084516 NETWORKING 2245. INC.** 04-20-2000 90051 048 ***150.00 Mailing Address Principal Place of Business 13067 WASHINGTON AVENUE 13067 WASHINGTON AVENUE LARGO FL 34643 LARGO FL 33773-1104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3266672 Not Applicable Zip Zio Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BIGOTTI, MARIO Street Address (P.O. Box Number is Not Acceptable) 13067 WASHINGTON AVENUE **LARGO FL 34643** 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD ☐ Change ☐ Addition TITLE ☐ Delete TITLE BIGOTTI, MARIO NAME NAME 13067 WASHINGTON AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LARGO FL 34643** CITY-ST-7IP ☐ Change ■ Addition TITLE Delete TITLE BIGOTTI, JOYCE NAME NAME 13067WASHINGTON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME ٠. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP الم الماثات ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

PRESIDENT 4/9/2000

address, with all other like emp

SIGNATURE: