Apr 10, 2000 8:00 am Secretary of State 04-10-2000 90166 014 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035670 1. Entity Name

RBN ENTERPRISES, INC.

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Suite, Apt. #, etc. HAA.bour Cove #109 City & State Naples FL Zip Zip Country JY103 USA RUBIN, ROBERTA 788 PARK SHORE DR H-32 NAPLES FL 33940 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 Provided agent are of Applied agent and the Happilicable. Signature Provided agent are displayed agent and the Happilicable. 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 Provided printed name of Applied agent are the Happilicable. Signature Provided agent are also also also by its Intangible Tax filing requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE PS NAME NEWIADOMSKI, ROBERTA NAME NEWIADOMSKI, ROBERTA NAME NEWIADOMSKI, ROBERT NAME	Suite, Apt. #, etc. HARDOUT COVE #109 City & State Naples FL Country Suite, Apt. #, etc. HARDOUT COVE #109 City & State Naples FL Country Suite Naples FL Country Suite Naples FL Country Suite Activate of Status Desired Ser. 55, Additional Fee Required Fee Required Fee Required Fee Required RUBIN, ROBERTA 788 PARK SHORE DR H-32 NAPLES FL 33940 RIBERT Agreement and exist y submits this statement for the purpose of changing its registered of sign or registered agent, or both, in the State of Florida. Signature Signature of private nerve of Pagnater Agent agentus required Agent in the State of Florida. Signature Signature Registered Agent or Doth, in the State of Florida. Signature Signature Registered agent or both, in the State of Florida. Signature Signature Registered agent or both, in the State of Florida. Signature Signature Registered agent or both, in the State of Florida. Signature Registered agent or both, in the State of Florida. Signature Registered agent or both, in the State of Florida. Signature Registered agent or both, in the State of Florida. Signature Registered agent or both, in the State of Florida. Signature Registered agent or both, in the State of Florida. Signature Registered agent or both, in the State of Florida. Signature Registered agent or both, in the State of Florida. Signature Registered agent or both, in the State of Florida. Signature Registered agent or both, in the State of Florida. Signature Registered agent or both, in the State of Florida. In the Registered Agent Reg								ilal i lli balk 1685 6			 11
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6. Name and Address of Current Registered Agent RUBIN, ROBERTA 788 PARK SHORE DR H-32 NAPLES FL 33940 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: 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 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State NAME RUBIN, ROBERTA TITLE NAME RUBIN, ROBERTA TITLE NAME NIEWIADOMSKI, ROBERT	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Treet Address (P.O. Box Number is Not Acceptable) 8. Treet Address (P.O. Box Number is Not Acceptable) 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. 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. 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. 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. 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. 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. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent agent enti				Zip	Country		5 Cartificate of C	hatus Danisod	□ \$8	3.75 Add	tional
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roberta Rubine Nicesialowak