Žΰΰῦ UNIFORM BUSINESS REPORT (UBR) FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # **P95000047362** 1. Entity Name NET GROUP OF PALM BEACH, INC. 05-16-2000 90168 003 ***150.00 Principal Place of Business Mailing Address 11000 PROSPERITY FARMS ROAD 11000 PROSPERITY FARMS ROAD SUITE 100 PALM BEACH GARDENS FL 33410-462 PALM BEACH GARDENS FL 33410-3462 HS US 2. Principal Place of Business 3. Mailing Address 521 N. Old Dixie Hwy 521 N. Old Dixie Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State FEI Number 65-0605139 16 コし Not Applicable equesta equesta Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Paim Bead aim Beach 13469-2344 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kothenberg SCHNEIDER, JOHN C ESQ Street Address (P.O. Box Number is Not Acceptable 1001 FLAGLER CENTER 505 S. FLAGLER DRIVE W. PALM BEACH FL 33401 33469-2344 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. A. Rothenberg SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE PTD Delete TITLE Rothenberg, Bruce M NAME ROTHENBERG, BRUCE M NAME 11586 SE Plandome Drive STREET ADDRESS STREET ADDRESS 13281 CRISA DRIVE Hobe Sound 7L 33455 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410-1492 vsō ☐ Addition Change VSD ☐ Delete TITLE TITLE Rotnenberg, Judith A. 11586 SE Plandone Drive ROTHENBERG, JUDITH A NAME NAME STREET ADDRESS STREET ADDRESS 13281 CRISA DRIVE Hobe Sound 7L 33455 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410-1492 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

Date

Date

Date

Description Proper

Description

Desc