· **2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2008 8:00 am Secretary of State

1. Entity Name TRADEWEB, INC.			01-16-2008 90021 023 ***150.00			
4063 N. GOLDENROD RD 40E STE 207- STE	ng Address 3 N. GULDENROD RD -207 TER PARK, FL 32792				II CRIS A (B III INNIK W X SI SHII	
650 Douglas are	illing Address Box te, Apt. #, etc.	162014				
10 6 0 City & State 7 City & State		01072008 4. FEI Number	Chg-P	CR2E034 (12/0	Applied For	
Celtamonte Opro, to	Celtamon to	Dorgs 76	59-3352	255	#0.75	Not Applicable
32714 Seminde	027/6 (Jerino (Ł	Status Desired	Fee Requ	Additional lired
6. Name and Address of Current Register	ed Agent	Name	7. Name and A	ddress of New R	legistered Agent	
HARRIS, JULIA A 2004 DUCHESS LANE WINTER PARK, FL 32792		Street Address (P.O. Box Number is Not Acceptable)				
		City			FL Zip C	ode
The above named entity submits this statement for the pur	pose of changing its regis	stered office or registe	red agent, or both	in the State of Flo	rt	
the obligations of registered agent.		-				
SIGNATURE Signature, typed or printed name of registered agent and title if ap	plicable. (NOTE: Repis	stered Agent signature require	d when reinstating)		DATE.	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Fin Trust Fund Contribution		.00 May Be led to Fees			
10. OFFICERS AND DIRECTO		11.	ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTO	
NAME HARRIS, JULIA		TITLE			Chang	e 🗌 Addition
STREET ADDRESS 2004 DUTCHESS LANE CITY-ST-ZIP WINTER PARK, FL 32792		STREET ADORESS CITY-ST-ZIP				
TILLE PCD		TITLE			Chang	e
NAME HARRIS, WILLIAM C STREET ADDRESS 2004 DUCHESS LN		NAME				
CITY-SI-ZIP WINTER PARK, FL 32792						
· · · · · · · · · · · · · · · · · · ·	(STREET ADDRESS CITY-ST-ZIP				
TITLE VP	☐ Delete	CHY-SI-ZIP			☐ Chang	e 🔲 Addition
TRILE VP NAME HARRIS, CHRISTOPHER SIRELI ADDRESS 2004 DUTCHESS LANE	☐ Delete	CHY-SI-ZIP HILE NAME SIREET ADDRESS			☐ Chang	e Addition
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lilian Color

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