## **2000 UNIFORM BUSINESS REPORT (UBR) FILED** DOCUMENT # P95000090275 Mar 14, 2000 8:00 am **Secretary of State** CYBER NETWORKS, INC. 03-14-2000 90062 015 \*\*\*150.00 Mailing Address Principal Place of Business 4631 NORTHWEST 31ST AVE. 4631 NORTHWEST 31ST AVE. SUITE 265 SUITE 265 FT. LAUDERDLE FL 33067-0006 FT. LAUDERDALE FL 33309 US 2. Principal Place of Business 3. Mailing Address P.O. BOX # 670338 3601 TURTLE KUN BIND DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc Suite, Apt. #, etc. *5*23 Applied For 4. FEI Number 65-0620803 Not Applicable 'ORAI \$8.75 Additional 5. Certificate of Status Desired US Fee Required 33067 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A., D/B/A AMERILAWYER Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City FL 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, 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$5500 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition **PSTD** TITLE ☐ Delete TITLE SHAKES PEARE SHAKESPEARE, SCOTT NAME NAME 3601 TUKTLE RUN BIVD. #523 STREET ADDRESS STREET ADDRESS 4631 NORTHWEST 31ST AVENUE, SUITE 265 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33309 CONAL SPRINGS A. 33067 ☐ Addition ☐ Delete TITLE TITLE MCCONNELL STEVEN MCCONNELL, STEVEN NAME NAME 3601 TURTLE RUN BIVY, \$523 STREET ADDRESS 4631 NORTHWEST 31ST AVENUE, SUITE 265 STREET ADDRESS CITY-ST-7IP CORAL SPRINGS FI. 33067 CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Addition ☐ Change Delete TITLE TITLE GALIONE, MARK NAME NAME ei j STREET ADDRESS 4631 NORTHWEST 31ST AVE., STE. 265 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33309 Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 trastee 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 OFFICER OR DIRECTOR

3/2/00 800-292-3741