2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # **P96000068274 HNET TECHNOLOGIES, INC.** 01-29-2000 90106 050 ***158.75 Principal Place of Business Mailing Address I-NET TECHNOLOGIES. INC. I-NET TECHNOLOGIES. IN 85 BUXTON LANE 85 BUXTON LANE LANTANA FL 33462 LANTANA FL 33462 US US 2. Principal Place of Business 3. Mailing Address 03 S 103 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0689439 Not Applicable antono antamo \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPARKS, JAMES D Street Address (P.O. Box Number Is Not Acceptable) **85 BIXTON LANE** LANTANA FL 33462 anton or 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change TITLE ☐ Delete TITLE SPARKS, JAMES D NAME NAME STREET ADDRESS **85 BUXTON LANE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 Change Delete TITLE TITLE SPARKS, KERRI WOLF NAME NAME STREET ADDRESS STREET ADDRESS **85 BUXTON LANE** CITY-ST-7IP CITY-ST-7IP LANTANA FL 33462 ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ ******. Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

I. 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 OFFICER OR DIRECTOR

1-24-00

561-641-277