FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 19, 2002 8:00 am Secretary of State P96000080494 DOCUMENT # 1. Entity Name NETBASX, INC. 05-19-2002 90058 011 ***150.00 Principal Place of Business Mailing Address 1515 N. FEDERAL HIGHWAY 1515 N. FEDERAL HIGHWAY SUITE 108 SUITE 108 **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address 1948 PINEBROOK PINEBROOK LT. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE BOK KAND Applied For 91-1778111 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33067 USA 33067 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Yogan, Mark Street Address (P.O. Box Number is Not Acceptable) 1515 N FEDERAL HWY **STE 108 BOCA RATON FL 33432** City Zip Code 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** THTLE Delete TITLE ☐ Change ☐ Addition yogan, mark NAME 1515 N FEDERAL HIGHWAY, STE 108 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition YUREKES, JAMES NAME NAME 1515 N. FEDERAL HIGHWAY, STE. 108 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

(9/01)

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