FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State DOCUMENT # P97000083116 1. Entity Name 05-15-2001 90103 050 ***150.00 BEAR NET, INC. Principal Place of Business Mailing Address 3894 CORRIGAN COURT 3894 CORRIGAN CT LAKE WORTH FL 33461 LAKE WORTH FL 33461 764844 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0789775 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDDS, BARRY B Street Address (P.O. Box Number is Not Acceptable) 3894 CORRIGAN COURT LAKE WORTH FL 33461 Zip Code 8. The above named entity submits this staten hanging its registered office or registered agent, or both, in the State of Florida. SIGNATURE tle applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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. Addition TITLE ☐ Delete TITLE STAHON, REBECCA A NAME NAME 3894 CORRIGAN COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33461 TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete - - -TITLE --☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 trustee empowered as execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE