2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P97000086221** Apr 13, 2000 8:00 am Secretary of State LASTNET WEB SERVICES, INC. 04-13-2000 90030 041 ***158.75 Principal Place of Business Mailing Address 1300 RIVERLAND ROAD 1300 RIVERLAND ROAD FT. LAUDERDALE FL 33312-2961 FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0805165 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDREWS, JOHN S Street Address (P.O. Box Number is Not Acceptable) 1300 RIVERLAND ROAD FT. LAUDERDALE FL 33312 Zip Code 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** DATE 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 \$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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE RHOADES, TERRY NAME NAME STREET ADDRESS 1300 RIVERLAND ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 Change Change ☐ Addition TITLE ☐ Delete TITLE Storkweather, Gary 1300 Riverload Rd STARKWEATHER, GARY NAME STREET ADDRESS STREET ADDRESS 1300 RIVERLAND ROAD CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL 33312 TITLE Change Addition Delete TITLE PEARCE, RODNEY NAME NAME 1300 RIVERLAND ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL 33312 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 adjother like empowered.

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE:

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

☐ Change

☐ Addition

☐ Addition