2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 15, 2000 8:00 am Secretary of State DOCUMENT # P97000092402 1. Entity Name FREEDOMNET, INC. 09-15-2000 90018 019 ***550 00 Principal Place of Business Mailing Address TO MANN WEEDE 8804 UNIVERSITY PKY. 9100 Hamman St PENSACOLA FL 32514 2. Principal Place of Buşiness 3. Mailing Address Suite, Apt: #, etc DO NOT WRITE IN THIS SPACE ity & State Applied For & State 4. FEI Number 59-3477591 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GILLETTE, DAVID C Street Address (P.O. Box Number is Not Acceptable) 8804 UNIVERSITY PKY. PENSACOLA FL 32514 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. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 12. TİTLE ☐ Delete TITLE Change ☐ Addition NAME GILLETTE, DAVID C NAME Gillette, David C 8804 UNIVERSITY PKY. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PENSACOLA FL 32514 PM Change TITLE ☐ Delete TITLE ☐ Addition fillette Margaret K GILLETTE, MARGARET K NAME NAME STREET ADDRESS 8804 UNIVERSITY PKY. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PENSACOLA FL 32514 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NÁME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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☐ Delete

9/2/00

PSD:479-105

☐ Addition

Change