2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 14, 2001 08:00 AM P98000011353 DOCUMENT# 1. Entity Name **Secretary of State** VIP INTERNET SERVICES, INC. Principal Place of Business Mailing Address 2186 NOVA VILLAGE DRIVE 2186 NOVA VILLAGE DRIVE FLFL 33317 33317 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 65-0816351 Not Applicable Zip Country Zip 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 CLERMONT ALEXANDRA CLERMONT-SAVAIN ALEXANDRA 2186 NOVA VILLAGE DR Street Address (P.O. Box Number is Not Acceptable) 2186 NOVA VILLAGE DR DAVIE FL33317 City Zip Code DAVIE 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. 03/14/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 FILE NOW!!! FEE 10 \$100.00________After MAY 1, 2001 Fee will be \$550.00._____ 10. Election Campaign Financing \$5.00 May Be 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE **X** Change ☐ Addition CR2E034 (11/00) CLERMONT SAVIAN ALEXANDER MAME NAME SAVAIN ROGER JR. 2186 NOVA VILLAGE DRIVE STREET ADDRESS STREET ADDRESS 2186 NOVA VILLAGE DRIVE FL 33317 CITY-ST-ZIP DAVIE CITY-ST-ZIP 33317 ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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 Delete TITLE ☐ Addition 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 all other like empowered.

03/14/2001

Daytime Phone #

Date

Roger Savain Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _