2001 UNIFORM BUSINESS REPORT (UBR)									FILED							
DOCUMENT # P98000011447 1. Entity Name CLASSNET, INC.								Apr 06, 2001 08:00 AM Secretary of State								
Principal Plac				Mailing Address	<u>-</u>							-				
BOCA RATON 33487	I	FL	,	BOCA RATON 33487		FL										
	Tace of Business TO CIRCLE SOUTH			3. Mailing Address 6972 PALMETTO CIRCLE SO	итн									-		
Suite, Apt. #511				Suite, Apt. #, etc.					DC	NOT WRIT	E IN THI	S SPACE				
City & State	· · · · · · · · · · · · · · · · · · ·	FL	,	City & State BOCA RATON	·	FL		65-081						plied For Applicable]	
Zip 33433		ountry		Zip 33433	Cour	itry		5. Certifica	te of Status	Desired		\$8.75 Fee Re				
	6. Name and	Address o	f Current Re	gistered Agent			7	'. Name ar	d Addres	s of New R	egistered	d Agent			1	
JARVIS	JANE E			•		Name JARVIS	JAN	NE E								
670 ENFELI	D STREET					Street A	ddress (P.O LMETTO C	. Box Num		Acceptable)				_	
BOCA RAT 33487	ON		FL			#511 City		•					Codo			
						BOCA R					F		Code 433	; 		
8. The above	named entity sub	mits_this st	atement for th	e purpose of changing it	s register	ed office or	registered	agent, or b	oth, in the	State of Flo	rida.					
SIGNATURE .	Signature, typed or print	ed name of reg	istered agent and	title if applicable. (NO	TE: Registere	d Agent signat.	ure required who	en reinstating)		-	04/0	<u>6/200</u>	1	<u> </u>		
0.75-1			1				· · · · · · · · · · · · · · · · · · ·		 -						4	
Tax filing r	pration is eligible to requirement and el ria on back)			FILE NOW After MAY 1, 2 Make Check Paya	001 Fee	will be \$5	50.00			mpaign Fin Contribution				May Be to Fees		
11.	·····	OFFIC	ERS AND DIF	RECTORS	12.			ADDITION	S/CHANG	ES TO OFF	ICERS AN	ND DIREC	CTORS	IN 11	┨	
TITLE NAME	P JARVIS	JANE	E	☐ Delete	TITL NAM		P JARVIS	JAN				X Ch		☐ Addition	:034 (11/00)	
STREET ADDRESS CITY-ST-ZIP	670 ENFIELD S BOCA RATON	TREET		FL 33487		EET ADDRESS '- ST-ZIP	6972 PAI BOCA R	ATON	TRCLE SO	UTH #511	FL	33433		~·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		-						☐ Ch	ange	☐ Addition	CR2I	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITU NAM STRE	E					=_	☐ Ch	ange	☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				·	"			☐ Ch	ange	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	ie Eet address '-st-zip						☐ Chi		Addition		
of the cor	poration or the rec	eiver ar tru	istee empowe	is filing does not qualify for the and accurate and that thered to execute this report all other like empowered	my signa t as requi	THE COSH OF	ava ina can	na langi atti	ant ac it mo	ido undor d	ath, that	200 00 0	Hione e	ar director		
SIGNAT		NE E. JAI Gnature and		TED NAME OF SIGNING OFFICE	R OR DIRECT	TOR		P	04/06 Date			Daytıme Ph	one#			