2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 27, 2000 8:00 am Secretary of State DOCUMENT # P98000013141 **NETYOU COMPUTER COMMUNICATION CORPORATION** 01-27-2000 90018 010 ***158.75 Principal Place of Business Mailing Address 4625 OLD WINTER GARDENS 4625 OLD WINTER GARDENS いっってかみそし STE A STE A ORLANDO FL 32811 ORLANDO FL 32811-1772 2. Principal Place of Business 3. Mailing Address 4625 OLD WINTER GARDE 4625 OLD WINTER GAR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE A 5 A 5 City & State 4. FEI Number Applied For 59-3490936 ORLANDO Not Applicable \$8.75 Additional 5. Certificate of Status Desired DRANGE ORANGE Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WASHBURN, KENNETH R AUGNUG 1153 MILL RUN CIRCLE APOPKA FL 32703 8. The above named entity sybmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE ped or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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. 12. Change TITLE ☐ Delete TITLE HAZAN, SERGIO R NAME NAME 4625 OLD WINTER GARDENS #A STREET ADDRESS 201 CATTAIL CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32806 Delete TITLE TITLE BUDEISKY, ALDO R NAME NAME STREET ADDRESS STREET ADDRESS 201 CATTAIL CT CITY-ST-7(P ORLANDO FL 32806 CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 at stee 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.

SIGNATURE: