FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 10, 2002 8:00 am Secretary of State P98000015727 DOCUMENT # 1. Entity Name MAILNET COMMUNICATIONS, INC. 05-10-2002 90025 035 ***158.75 Principal Place of Business Mailing Address 7810 COQUINA DRIVE 7810 COQUINA DRIVE N. BAY VILLAGE FL 33141 N. BAY VILLAGE FL 33141 3. Mailing Address Principal Place of Business BLVL. BISCAYNE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0811995 MIAMI MIAM Not Applicable Country _U.S.A ^{Zip} 331*32* Country \$8.75 Additional 5. Certificate of Status Desired USA Fee.Required ≤== 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRANCA TERNANDO BRANCA, FERNANDO J Street Address (P.O. Box Number is Not Acceptable) 7810 COQUINA DRIVE N. BAY VILLAGE FL 33141 HIATTI 8. The above named entit submits this statement for the purpose of changing its registered office or regist red agent, or both, in the State of Florida SIGNATURE Signature, type (NOTE: Registered Agent signature FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 ax 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. TITI F ☐ Change ☐ Delete TITLE BRANCA, FERNANDO J NAME NAME 7810 COQUINA DRIVE STREET ADDRESS STREET ADDRESS N. BAY VILLAGE FL 33141 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-718 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

im all other like empowered

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an addre

SIGNATURE AND TYPED O

SIGNATURE: