2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P98000044574** NETMOBILITY WIRELESS COMMUNICATIONS, INC. 04-25-2001 90109 001 ***150.00 Mailing Address Principal Place of Business 777 SOUTH FLAGLER DRIVE 777 SOUTH FLAGLER DRIVE WEST TOWER, SUITE 212 WEST TOWER, SUITE 212 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 US 2. Principal Place of Business 3. Mailing Address 11321 NW TeR 11321 11 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. EEI Number City & State 65-0835885 Not Applicable Mi alle NIMU Country \$8.75 Additional Zip 5. Certificate of Status Desired 31 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YAZBECK, SALIM Street Address (P.O. Box Number is Not Acceptable) PHILLIPS POINT, WEST TOWER 777 SOUTH FLAGLER DRIVE SUITE 112 WEST PALM BEACH FL 33401 City 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 DATE (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 12. 11. CR2E034 (10/00) Change ☐ Addition DP TITLE ☐ Delete TITLE NAME YAZbeck Salina NAME YAZBECK, SALIM 113>1 NW 42 Tel. STREET ADDRESS STREET ADDRESS 777 S FLAGLER DR, WEST TOWER, STE 212 CITY-ST-ZIP FL 33178 CITY-ST-ZIP WEST PALM BEACH FL 33401 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME 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.

Daytime Phone #

Date

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR