2002 UNIFORM BUSINESS REPORT (UBR) P98000059092 **DOCUMENT #** 1. Entity Name RVA NETWORK SOLUTIONS INC.

FILED Feb 25, 2002 8:00 am Secretary of State 02-25-2002 90065 048 ***150.00

NAME SITRET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Principal Place 7370 NW 36 SUITE 105-A MIAMI FL 331 US	STREET	S	Mailing Address 7370 NW 36 STREET SUITE 105-A MIAMI FL 33166 US								
City & State	2. Principal F	Place of Busin	ess	3. Mailing Address				<u> </u>	TOIT OUTS	EKNET ABANC BONC	10110 101 1001	
Street Address of Current Registered Agent Street Address of Name and Address of Current Registered Agent Name and Address of Name Registered Agent Name Ag	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required	City & Stat	te		City & State			4.	4. FEI Number 65-0856539				
Page	Zip Country			Zip	ntry	5. Certificate of Status Desired			\$8.75 Ad	ditional		
Street Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Current R	egistered Agent			7. 1	Name and Address of New Re	gistered		,0	
B. 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 Spellure, spade or printed name of registered agent and after 6 applicable. PICTE: Registered Agent agrature measured when reintationing) DATE	2471 W 6	5 ST	•				ss (P.O. E	Box Number is Not Acceptable)				
SIGNATURE Signature, hypoid or printed neme of ingistered agent and bit it applicable. (NOTE: Registered Agent algrature required when reinstating) Page	THALLAIT	1 2 00010				City			FL	Zip Cod	le	
Signature. Sypaid ar printed name of registered agent and till it applicable. (NOTE Registered Agent aignature required when into composition is eligible to saidtey its intangible. Tax filling requirement and elacts to do so. (See critical on to back) See till be \$\$50.00 This composition is eligible to saidtey its intangible. (See critical on to back) See till be \$\$50.00 This composition is eligible to saidtey its intangible. (See critical on to back) See till be \$\$50.00 This composition is eligible to saidtey its intangible of the composition	8. The above	named entity	submits this statement for t	the purpose of changing its	register	ed office or regi	stered ag	ent, or both, in the State of Flori	da.			
P. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Defense PSD Make Check Payable to Department of State Defense Trust Fund Contribution. S5.00 May Be Added to Fees Added to Fees State S	SIGNATURE	Signature, typed	or printed name of registered agent and	d title if applicable. (NOTE	: Registere	ed Agent signature req	uired when re	einstating)	DATE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	🤾 Tax filing i	requirement a	ind elects to do so.	After May 1, 2002 Fee will be \$550.00						\$5.0 Added	IO May Be d to Fees	
NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP	11.		OFFICERS AND D	IRECTORS	12.	***	AD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	NAME STREET ADDRESS	VELASQUE 2471 W 65	ST	☐ Delete	NAM Stre	EET ADDRESS				Change	☐ Addition	
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NAME NAME	NAME STREET ADDRESS			☐ Delete	NAMI STRE	E Et address				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS			☐ Delete	NAME STREE	E ET ADDRESS				Change	Addition	

of the corporation or the receiver of 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 proposed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-02 305-5424527