

AMENDED

FILED

03-27-2003 90101 039 ***61.25
P98000073737

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

03 APR -2 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000073737	
1. Entity Name GULFSTREAM NETWORKS CORPORATION	



Principal Place of Business 1441 PERTH RD JACKSONVILLE, FL 32221 US	Mailing Address 215 NORTH EOLA DR ORLANDO, FL 32803 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent WEST, ASHLEY 215 NORTH EOLA DRIVE ORLANDO, FL 32801	
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4. FEI Number 59-3527546	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining) DATE _____

FILE NOW!!! FEES \$150.00
After May 11, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WALKER, PETER J 1441 PERTH RD JACKSONVILLE, FL 32221 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIMMLER, DOUG 1441 PERTH RD. JACKSONVILLE, FL 32221 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER J. WALKER
Signature and typed or printed name of officer or director Date _____ Daytime Phone # _____

CR2E034 (1/0/02)