2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 98000086682

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90029 042 ***150.00

1. Entity Name

NETMARK, INC.

Principal Place of Business	Mailing Address
5449 S. SEMORAN BLVD SUITE 20, BOX 3L ORLANDO, FL 32822	5449 S. SEMORAN BLVD SUITE 20, BOX 3L ORLANDO, FC 32822

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3535026 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ACEY, THOMAS E. JR 5449 S. SEMORAN BLVD STE 233 ORLANDO, FC 32822	Name RONALD K. GOODING Street Address (P.O. Box Number is Not Acceptable) 5449 S. SEMORAN BLVD SUITE 20, BOX 3L City ORLANDO, FC **FL** Zip Code 32822

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 [signature] RONALD K. GOODING 4-26-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO WELLS, LEE A 5425 HOFFNER AVE STE 102 ORLANDO, FC 32822 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT, SEC, TREASURER RONALD K. GOODING 5449 S. SEMORAN BLVD, STE 20, BOX 3L ORLANDO, FC 32822 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT NOEL SMITH 5425 S. SEMORAN BLVD STE 233 ORLANDO, FC 32822 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT JULIA D. LANE 5449 S. SEMORAN BLVD. STE 20, BOX 3L ORLANDO, FL 32822 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY THOMAS E. ACEY, JR 5449 S SEMORAN BLVD STE 233 ORLANDO, FC 32822 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

407 658-8404

SIGNATURE: [signature] RONALD K GOODING 4-26-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date