

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000100591

1. Corporation Name

FAMILY PLANET NET, INC.

Principal Place of Business	Mailing Address				
324 DATURA STREET SUITE 345 WEST PALM BEACH FL 33401	324 DATURA STREET SUITE 345 WEST PALM BEACH FL 33401				
2. Principal Place of Business	2a. Mailing Address				

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90190 009 ***150.00

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DO NOT WRITE IN THIS SPACE

}					3. Date Incorpor	ated or Qualifed			
					12/03/1998				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			Z -	plied For
21		26							t Applicable
Suite, Apt.	_#,_etc	Suite, Apt. #, etc.			5. Certificate of S	Status Desired		\$8.75 A	
City & Stat	te	City & State			6. Election Cam	paign Financing		\$5.00	Mav Be
23		28			Trust Fund Co	-		Added t	, .
Zip	Country	Zip	Country		8. This corporati	on owes the cur	rent year Inta		,
24	25	29 30)		Personal Prop				∑No
	9. Name and Address of Current	Registered Agent		 	10. Name and A	ddress of New	Registered /	Agent	
TURN	NER, TIMOTHY J			lame C	2 Stev	en 10	Lee		
	DATURA STREET		82 Street Address (P.O. Box Number is Not Acceptable)						
SUITE			83						
WEST	T PALM BEACH FL 33401			S	wite 343			TT	
		_	84 0	ity (P. 1 A		FL	85 Zip 9	Sode
11. Pursuant	to the provisions of Sections 607,9502	and 607,1508, Florida Statutes,	the above-na	amed corpo	pration submits this	statement for the			
office or i	to the provisions of Sections 607.8502 registered agent, or both, in the State of mramiliar with, and accord the obligation	Elorida, Such change was auth	orized by the	corporation	n's board of director	s. I hereby acce	pt the appoin	tment as re	gistered
		ins of, Section our obo, I lond.	a Statules.				4/21/	89	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Agent sig	nature required	when reinstating)		DATE		 _
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CI	HANGES TO OF	FICERS AN	D DIRECTO	
ΠΤLE	D	☐ DELETE	1.1 TITLE		-			Change	Addition
NAME	LEE, CHARLES L		1.2 NAME	C	. Steven	n. Lee			
STREET ADDRESS	324 DATURA STREET SUITE 324		1.3 STREET ADI	DRESS 5	same				
CITY-ST-ZIP	WEST PALM BEACH FL 33401		1.4 CITY-ST-ZI	P					
TITLE	D	☐ DELETE	2.1 TITLE			•		☐ Change	Addition
NAME	VASSER, ROBERT		2.2 NAME						
STREET ADDRESS	324 DATURA STREET SUITE 324		2.3 STREET AD	DRESS					,
CITY-ST-ZIP	WEST PALM BEACH FL 33401		2.4 CITY-ST-Z	iP					
TITLE	D	☐ DELETE	3.1 TITLE					☐ Change	Addition
NAME	TURNER, TIMOTHY J		3.2 NAME						
STREET ADDRESS	324 DATURA STREET SUITE 324		3.3 STREET ADI	DRESS					
CITY-ST-ZIP	WEST PALM BEACH FL 33401		3.4. CITY-ST-ZI	Р					
TITLE	D	☐ DELETE	4.1 TITLE)				☐ Change	☐ Addition
NAME	FISCHER, BROOK E		4. 2 NAME	İ					
STREET ADDRESS		•	4.3 STREET ADI	DRESS					
CITY-ST-ZIP	WEST PALM BEACH FL 33401		4.4 CITY-ST-ZI	Р					
TITLE	D	☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME	STEVENS, GEOFFREY C		5.2 NAME						
STREET ADDRESS	224 DATURA STREET, SUITE 207	•	5.3 STREET AD	DRESS					
CITY+ST-ZIP	WEST PALM BEACH FL 33401		5.4 CITY-ST-ZI	Р					
TITLE		☐ DELETE	6.1 TITLE			-		Change	☐ Addition
NAME	-		6.2 NAME	İ					
STREET ADDRESS			-8:3 STREET ADI	DRESS	•				
CITY-ST-ZIP			6.4 CITY-ST-ZI	P					

14. 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 annual report or supplemental annual report is frue 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 truetes empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an automatical wild an address, with all officer like empowered.

SIGNAZURE REQUIRED SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR