2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107202

ADVANCED NETWORKS AND POINT OF SALE SYSTEMS, INC

3-01-2001 91318 014 ***150.00 Principal Place of Business Mailing Address 13014 N. DALE MABRY HWY., STE, 326 13014 N. DALE MABRY HWY., STE. 326 925337 TAMPA FL 33618 **TAMPA FL 33618** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3549096 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEADOR, ANDREW Street Address (P.O. Box Number is Not Acceptable) 13014 N. DALE MABRY HWY., STE. 326 TAMPA FL 33618 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 (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 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Change Addition TITLE Delete MEADOR, ANDREW NAME NAME 13014 N. DALE MABRY HWY., STE. 326 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33618 ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TiTt F Addition TIFLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-71P Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7(P ☐ Delete ☐ Change Addition: TITLE TITLE

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.

NAME

STREET ADDRESS CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 01, 2001 8:00 am Secretary of State

CR2E034 (10/00)