29900	000171
PNS Corporation 12616 Northwest 18th Place Coral Springs, FL 33071	Bull Steer Barris
CORPORATION NAME(S) & DOCU	Office Use Only MENT NUMBER(S), (if known):
(Corporation Name)	(Document #)
Corporation Name)	200003093812 -01/11/0001005010 (Document #) ******43.75 *****43.7
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
Walk in Pick up time Mail out Will wait	Photocopy Certified Copy Certificate of Status
NEW FILINGS	AMENDMENTS
 Profit Not for Profit Limited Liability Domestication Other 	 Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
 Annual Report Fictitious Name 	 Foreign Limited Partnership Reinstatement Trademark Other Charles A Chg. Reinstatement JUN 9 2000
	Examiner's Initials





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 19, 2000

PNS CORPORATION 12616 NW 18TH PLACE CORAL SPRINGS, FL 33071

SUBJECT: PROFESSIONAL NETWORKING SERVICES CORPORATION Ref. Number: P99000000171

We have received your document for PROFESSIONAL NETWORKING SERVICES CORPORATION and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6909.

Velma Shepard Corporate Specialist

Letter Number: 700A00002493

Rec'd 3/2

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 6, 2000

PNS CORPORATION 12616 NW 18TH PLACE CORAL SPRINGS, FL 33071

SUBJECT: PROFESSIONAL NETWORKING SERVICES CORPORATION Ref. Number: P99000000171

We have received your document for PROFESSIONAL NETWORKING SERVICES CORPORATION and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6909.

Velma Shepard Corporate Specialist

Letter Number: 700A00012243

Rec'd 6/8

STATEMENT OF CHANGE OF REGISTERED OFFICE OR*REGISTERED

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of <u>Florida</u> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Professional Networking Services Corporation

2. The mailing address of the corporation is: 12616 Northwest 18th Place, Coral Springs, FL 33071

3. Date of incorporation/qualification: 01/01/99 Document number: P99000000171
4. The name and address of the current registered agent and office:
Lea, Kimberly K.
9762 Honeysuckle Avenue
Palm Beach Gardens, FL 33410-4519
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
2 Lea. Richard Thomas
12616 Northwest 18th Place
Coral Springs, FL 33071
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
1 A Hit and
(Signature of an officer, chairman or vice chairman of the board) (Date)
Richard Thomas Lea, CEO
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent 2
X L'Un Alle Agent Agent (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
(Typed or Printed Name) * * * FILING FEE: \$35.00 * * *
* * * FILING FEE: \$35.00 * * *
CR2E045(7/97) Division of Corporations P.O. Box 6327 Tallahassee, FL 32314