04/28/2003 18:44 3056632344 VIRGINIA E

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May 05, 2003 8:00 am
Secretary of State
05-05-2003 92184 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029970

1. Entity Name
NETSOFT CREATIONS, INC.

Principal Place of Business	Mailing Address
12147 SW 131 AVENUE MIAMI, FL 33186	12147 SW 131 AVENUE MIAMI, FL 33186

2. Principal Place of Business	3. Mailing Address
11349 S.W. 69th Lane	11349 S.W. 69th Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami FL
Zip: 33173 / Country:	Zip: 33173 / Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0907417 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SEGAL, DAVID M
12147 SW 131 AVENUE
MIAMI, FL 33186

7. Name and Address of New Registered Agent
Name: David M. Segal
Street Address (P.O. Box Number Is Not Acceptable): 11349 S.W. 69th Lane
City: Miami FL Zip Code: 33173

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] 04/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

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	PD SEGAL, DAVID M PH.D 12147 SW 131 AVE MIAMI, FL 33186 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 11349 S.W. 69th Lane Miami, FL 33173
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD SEGAL, REBECA M 12147 SW 131 AVE MIAMI, FL 33186 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 11349 S.W. 69th Lane Miami FL 33173
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #