2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 11, 2000 8:00 am Secretary of State DOCUMENT # P99000031004 1. Entity Name CHANNEL AMERICA.NET, INC. 04-11-2000 90026 032 ***150.00 Principal Place of Business Mailing Address 11911 US.HWY ONE, STE. 306 11911 US HWY ONE, STE, 306 N. PALM BEACH FL 33408-2860 N. PALM BEACH FL 33408 COCOCOO 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable 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 ROBBINS, STEVEN L Street Address (P.O. Box Number is Not Acceptable) 1550 SOUTHERN BLVD,., STE. 300 W. PALM BEACH FL 33406 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. \Box (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition ☐ Defete TITLE ATHINEOS, ALEX NAME NAME STREET ADDRESS 11911 US HWY ONE, STE. 306 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. PALM BEACH FL 33408 ☐ Change Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP --- Change ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

Ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information upplie with this fill indicated on this report or supplent ntal re ort is true a changed, or on an attachment v ke empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (9/99)

Date