## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P9900031004 CHANNEL AMERICA.NET, INC. 04-30-2001 90105 013 \*\*\*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 N. PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE 65-0953752 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 STEVEN L. ROBBINS ESO ROBBINS, STEVEN L Street Address (P.O. Box Number is Not Acceptable) 1550 SOUTHERN BLVD,., STE. 300 W. PALM BEACH FL 33406 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. 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 TITLE ☐ Delete ☐ Change Addition ATHINEOS, ALEX ATHINEOS ANNA K. 11911 US HWY.ONE, SUITE 306 NAME NAME 11911 US HWY ONE, STE. 306 STREET ADDRESS STREET ADDRESS CITY+ST-ZIP N. PALM BEACH FL 33408 CITY-ST-7IP NORTH PALM BEACH FL. 33408 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition A NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplies with this filind 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 re accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director expedite this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 i of the corporation or the receiver or trust changed, or on an attachment with an a

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR