2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000043251 May 05, 2000 8:00 am Secretary of State LIONSNET.COM, INC. 05-05-2000 90044 031 ***150.00 Mailing Address Principal Place of Business 4460 NORTHGATE COURT 4460 NORTHGATE COURT SARASOTA FL 34235-8102 SARASOTA FL 34234 2. Principal Place of Business 3650 /7 45 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Serasofa Applied For City & State 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired ک ں Fee Required 7. Name and Address of New Registered Agent -Name and Address of Current Registered Agent STRUBLE, DONALD W Street Address (P.O. Box Number is Not Acceptable) 4460 NORTHGATE COURT SARASOTA FL 34234 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 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE CARTNER, PATRICK NAME 4917 20 STREET CT EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** Change ☐ Addition ☐ Defete TITLE STRUBLE, DONALD W NAME NAME STREET ADDRESS 1910 ROLLING GREEN CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34240 ☐ Addition ☐ Delete TITLE TITLE ARNO, RICHARD G NAME NAME STREET ADDRESS 4470 NORTHGATE COURT STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34234 CITY-ST-ZIP VSD ☐ Addition Delete TITLE TITLE ARNO, PHYLLIS J NAME NAME 888 BLVD OF THE ARTS #1404 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice Prosident

4/25/00

941-951-6486