FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2002 8:00 am Secretary of State

DOCUMENT# 1. Engity Name RealNet of West Florida, Inc.					05-10-2002 90063 026 ***150.00
DO NOT WRITE IN THIS SPACE					B0093725
2. Principal Place of Business 3917 W . Kennedy Blvd 3. Mailing Address				-	
Suite, Apt		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City Sta	mpa FI	City & State			4. FS Yumber 3577996 Applied For Not Applied be
^{Zip} 33	609 Country	Zip Country		ry	5. Certificate of Status Desired
Ja 24.		<u> </u>			Fee Required 7. Name and Address of Current Registered Agent
saning and the saning				Name (n)	le Armstrona
DO NOT WRITE				Street Address	(P.O. BPYNIAPHOR IS NOT ASSOCIATED) ANE
	IN THIS SP	ACE		10 []	Transfer TVC
,			-	City O (10)	12
A 77		***************************************		- Orur	FL 25354 pred agent, or both, in the State of Florida.
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:		Agent signature required	rd when reiosuning) DATE
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May 1 Amended Make Check Payabl	, Fee is UBR is	\$550.00 \$61,25	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11.	OFFICERS AND D				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JULIECTO JOHN Pallett 1249 North orange Ar Oclando Fl 32804	• • • • • • • • • • • • • • • • • • •	TITLE NAME STREET CITY-S	ADDRESS	CRZE034B (12/01)
TITLE. NAME. STREET ADDRESS		ecretary	TITLE NAME		CR2E03
CITY-ST-ZIP	olando, P1 3281		CITY-5		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		TITLE NAME , STREET CITY+S	ADDRESS T-ZIP	DO NOT WRITE
TITLE NAME STREET AU <mark>Ó</mark> RESS CITY-ST-ZIP		\ \	TITLE NAME STREET CITY-ST	ADDRESS 1-ZIP	IN THIS SPACE
THTLE NAME STREET ADDRESS CHY+ST-ZIP			TITLE NAME STREET CITY-SI	ADDRESS 1-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ì	CHY-ST		
13. Thereby co indicated co of the corp attachmen	erify that the information supplied with the other sport or supplemental report is to obtain or the receiver or trusted emoor it with an address, with all other key import	is filing does not qualify for the ue and accurate and that my vered to execute this report swered.	he exemp signatur as requir	otion stated in Sec e shall have the sa ed by Chapter 60	ction 119.07(3)(i). Florida Statutes, I further certify that the information same legal effect as if made under oath; that I am an officer or director 07. Florida Statutes: and that my name appears in Block 11 or on an

JOHN PARKETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: