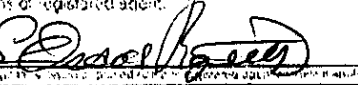
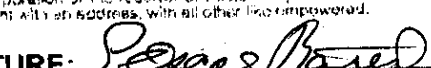


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -2 AM 8: 44

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P990000 48341			
1. Entity Name DATA NETWORK TECHNOLOGIES, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1126 S. FEDERAL HWY Suite Apt. #, etc. 438 FLA State FT. LAUDERDALE, FLA.		3. Mailing Address Suite Apt. #, etc. City & State Zip Country	
33316 USA		4. FEI Number 65-0922743 Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent Name LOSONTE O. RODRIGUEZ Street Address (City, State Number is Not Recommended) 300 W. ROYAL PALM RD. City BOCA RATON FL Zip Code 33432	
7. The above-named entity submits this statement for the purpose of designating its registered office or registered agent, or both, in the State of Florida. I am familiar with, and I accept the obligations of, registered agent.			
SIGNATURE  5/1/03			
January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
PRESIDENT, CEO LOSONTE O. RODRIGUEZ 300 W. ROYAL PALM RD. BOCA RATON, FL. 33432			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing complies exactly for the provisions stated in Section 607(3)(b), 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 on an attachment with an address, with all other like empowered.			
SIGNATURE:  5/01/03			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			