2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 04, 2005 8:00 am Secretary of State DOCUMENT # P99000051801 04-04-2005 90097 042 ***150.00 1. Entity Name LIGHTSPEED NETSOLUTIONS, INC. Principal Place of Business Mailing Address 50033758 1343 MAIN STREET 1343 MAIN STREET SUITE 400 SUITE 400 SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business 3. Mailing Address blis 315 6115 Suite, Apt. #, etc. Suite, Apt. #, etc. 03302005 CR2E034 (10/03) 101 Suite (0) City & State City & State 4. FEI Number Applied For Brzzento 65-0941072 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 34203 15/A USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PERSSE, JOHN W Street Address (P.O. Box Number is Not Acceptable) 1800 SECOND STREET **SUITE 715** SARASOTA, FL 34236 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DΡ ☐ Delete Change TITLE TITLE Addition NAME NICHOLSON, ROBERT A 615 31st Street E: Sute 101 STREET ADDRESS 1343 MAIN STREET, #400 STREET ADDRESS CITY-SY-ZIP City-SI-ZiP SARASOTA, FL 34236 34207 D TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PERSSE, JOHN W NAME STREET ADDRESS STREET ADDRESS 1800 SECOND STREET, SUITE 715 CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34236 DS Change ☐ Addition TITLE ☐ Delete - -DOBLE, CHARLES J NAME NAME 6115 31II Street E: Just 101 1343 MAIN STREET #400 STREET ADDRESS STREET ADDRESS SARASOTA, FL 34236 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other libe empowered.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Delete

SIGNATURE: RINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP TITLE

STREET ADDRESS

NAME

FILED

☐ Change

Addition