2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000055823 May 17, 2000 8:00 am **Secretary of State** INSTREET. COM, INC 05-17-2000 90914 021 ***150.00 Principal Place of Business Mailing Address 11025 SW 154 TELLAGE 11025 S.W 154 TERRACE MIAMI FL 33157 MIAMI FL 33157 06052418 2. Principal Place of Business 3. Mailing Address S.W 154 TERRACE 11025 S.W 154 TERRACE 11025 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable MIAMI MIANI 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 Name SHOAIB A. KHAN Street Address (P.O. Box Number is Not Acceptable) 11025 S.W 154 TERRACE MIAMI, PL 33157 Zip Code City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. P. S. T.D. CEO ☐ Delete TITLE SHOAIB A. KHAN SHOAIB A. KHAN NAME NAME 11025 S.W 154 TERRALE MIAMI PL 33157 S.W 154 TERRACE STREET ADDRESS STREET ADDRESS 11025 33157 FL CITY-ST-ZIP MIAMI PL CITY-ST-ZIE MIAMI ☐ Change Addition ☐ Delete TITLE TITL F ANTONIO VAZQUEZ NAME NAME 11025 S.W 154 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF 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.

SIGNATURE:

4/26/2000 (305) 926-8349