FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91165 029 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061551

1. Entity Name

IDVentures.NET, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
137 Cruiser Road N	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Palm Beach, FL	City & State
Zip: 33408 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0932190 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Robert U. Craven

Street Address (P.O. Box Number is Not Acceptable): 137 Cruiser Rd N

City: North Palm Beach FL Zip Code: 33408

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] Robert U. Craven DATE: 4/26/2002

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	R. James Snyder
STREET ADDRESS	266 Barbados Dr.
CITY-ST-ZIP	Jupiter, FL 33458
TITLE	Treasurer
NAME	Robert U. Craven
STREET ADDRESS	137 Cruiser Rd N
CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE	
NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] R. James Snyder 4/26/2002 561-630-0471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #