DOCUMENT # **P99000082445** FILED 1. Entity Name Jan 16, 2001 8:00 am Secretary of State **GULFSTREAM INTERNET, INC.** 01-16-2001 90101 046 ***150.00 Mailing Address Principal Place of Business 7777 GLADES RD STE 210 7777 GLADES RD STE 210 **BOCA RATON FL 33434** BOCA RATON FL 33434 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0952993 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NADEL, PHILIP L Street Address (P.O. Box Number is Not Acceptable) 7777 GLADES RD STE 210 **BOCA RATON FL 33434** City Zip Code 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 if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 12. 11. Change ☐ Addition **PSTD** Delete TITLE TITLE NADEL, PHILIP NAME NAME STREET ADDRESS STREET ADDRESS 7777 GLADES ROAD, STE. 210 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** ☐ Addition □ Delete TITLE ☐ Change TITLE NAME NAME DIAMOND, WILLIAM STREET ADDRESS STREET ADDRESS 7777 GLADES ROAD, STE. 210 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** --- Defete ☐ Change - ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

PHILIP NADEL 1/3/01