2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # **P99000095664** 1. Entity Name ETERNET, INC. 01-31-2001 90277 025 ***150.00 Principal Place of Business Mailing Address 9603 NW 8 CIRCLE 9603 NW 8 CIRCLE FORT LAUDERDALE FL 33324 FORT LAUDERDALE FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0958931 Not Applicable Zip Country 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 DINESH, CHANDRA Street Address (P.O. Box Number is Not Acceptable) 9603 NW 8 CIRCLE FORT LAUDERDALE FL 33324 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 (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Basisht, Gopal NAME CHANDRA, DINESH NAME 1751 Lake Berry Dr. Winter Park, F1, 32789 STREET ADDRESS 9603 N.W. 8TH CIRCLE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33324 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NATELLA, AL DAHIYA, AVISHKAR STREET ADDRESS 9603 N.W. 8TH CIRCLE STREET ADDRESS 312 SWANEE AVE CITY-ST-ZIP FT. LAUDERDALE FL 33324 CITY-ST-ZIP 92870 PLACENTIA, CA TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ampowered.

SIGNATURE:

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 25,01 954-424-1571.