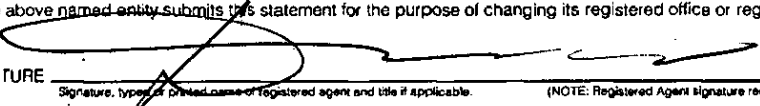
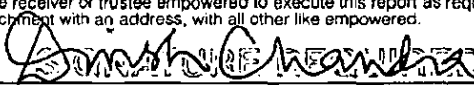


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**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90184 008 \*\*\*150.00

|   |  |  |  |
|---|--|--|--|
| <b>DOCUMENT # R99000095664</b>  |  |  |  |
| 1. Entity Name<br><b>ETERNET, INC.</b>  |  |  |  |
| Principal Place of Business<br><del>9803 NW 8 CIRCLE</del><br><b>FORT LAUDERDALE FL 33324</b>   |  | Mailing Address<br><del>9803 NW 8 CIRCLE</del><br><b>FORT LAUDERDALE FL 33324</b>  |  |
| 2. Principal Place of Business<br><b>1429 ALEGRIANO AVE</b><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><b>1429 ALEGRIANO AVE</b><br>Suite, Apt. #, etc.   |  |
| City & State<br><b>CORAL GABLES, FL</b><br>Zip <b>33146</b> Country <b>Dade</b>   |  | City & State<br><b>CORAL GABLES</b><br>Zip <b>33146</b> Country <b>Dade</b>  |  |
| 4. FEI Number <b>65-0958931</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DINESH, CHANDRA</b><br><b>9803 NW 8 CIRCLE</b><br><b>FORT LAUDERDALE FL 33324</b>   |  | 7. Name and Address of New Registered Agent<br>Name <b>Damodar S. Airan</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1429 ALEGRIANO AVE</b><br><b>ALEGRIANO AVE.</b><br>City <b>CORAL GABLES</b> FL Zip Code <b>33146</b> |  |
| 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.<br><br>SIGNATURE  DATE <b>3/19/02</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/><br>(See criteria on back)  |  | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b>  |  |
| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>   |  | <b>\$5.00</b> May Be Added to Fees   |  |
| <b>11. OFFICERS AND DIRECTORS</b>   |  | <b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>CHANDRA, DINESH</b><br><del>9803 NW 8TH CIRCLE</del><br><del>FT. LAUDERDALE FL 33324</del>  | <input type="checkbox"/> Delete  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>DAHIYA, AVISHKAR</b><br><del>9803 NW 8TH CIRCLE</del><br><del>FT. LAUDERDALE FL 33324</del> | <input type="checkbox"/> Delete  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>BASISHT, GOPAL</b><br><b>1751 LAKE BERRY DR.</b><br><b>WINTER PARK FL 32789</b>             | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>AL, NATELLA</b><br><b>312 SWANEE AVE</b><br><b>PLACENTIA CA 92870</b>                       | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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:   |  | Date <b>Jan 15, 02</b> Daytime Phone # <b>561-248-8920</b>   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  |  |

CP2E034 (9/01)