2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91239 012 ***158.75

DOCUMENT # P99000101137 N/C 03/12/2001 (TK)

1. Entity Name
~~MENU SITES, INC.~~
CNE Communications, Inc.

Principal Place of Business	Mailing Address
~~633 E. 5TH ST.~~ ~~STE 200~~ ~~STUART FL 34994~~	633 E. 5TH ST. STE 200 STUART FL 34994

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3725 S.E. Ocean Blvd.	
Suite, Apt. #, etc.: Suite 103	Suite, Apt. #, etc.:
City & State: Stuart, FL	City & State:
Zip: 34996 Country: USA.	Zip: Country:

4. FEI Number 65-0958798 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REID, LARRY M
~~633 E. 5TH ST.~~
~~STE 200~~
~~STUART FL 34994~~

7. Name and Address of New Registered Agent

Name: Larry M. Reid
Street Address (P.O. Box Number is Not Acceptable): 3725 SE Ocean Blvd.
Suite 103
City: Stuart FL Zip Code: 34996

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] Larry M. Reid 4/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	P/S/D	☑ Change ☐ Addition
NAME	REID, LARRY M		NAME		
STREET ADDRESS	~~633 E. 5TH ST. #200~~		STREET ADDRESS	3725 SE Ocean Blvd. Suite 103	
CITY-ST-ZIP	~~STUART FL~~		CITY-ST-ZIP	Stuart FL 34996	
TITLE	~~VPD~~	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	~~MONDLIN, KENNETH~~		NAME		
STREET ADDRESS	~~633 E. 5TH ST. #200~~		STREET ADDRESS		
CITY-ST-ZIP	~~STUART FL~~		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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: [signature] Larry M. Reid 4/25/01 561-219-3033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #