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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 25, 2001 8:00 am Secretary of State DOCUMENT # P99000101267 05-03-2001 90046 014 ***150.00 KW INTERNET SERVICES, INC. Principal Place of Business Mailing Address 2300 N DIXIE HWY STE 201 2300 N DIXIE HWY STE 201 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number APPLIED FOR 65-Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -WOOD, KEITH A Street Address (P.O. Box Number is Not Acceptable) 3700 NW 102 AVE **CORAL SPRINGS FL 33065** City Zip Code B. 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 (NOTE: I opisioned 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 After MAY 1, 200 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. CR2E034 (10/00) ☐ Addition ☐ Delete ₹M E TITLE WOOD, KEITH NAME NAME STREET ADDRESS 3700 NW 102ND AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 Change ☐ Addition Delete TITLE TILE NAME MERTER, MICHAEL NAME STREET ADDRESS STREET ADDRESS 74 W COCONUT DRIVE CDY-ST-ZIP City-ST-ZIP LAKE WORTH FL 33467 Change Addition TITLE Oelete TITLE Helton, Renee HELTON, RENEE -- - -NAME NAME --Lakeview drive # 106 STREET ADDRESS 3700 NW 102ND AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME 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 empowered.