FILED 200 UNIFORM BUSINESS REPORT (UBR) Feb 01, 2001 8:00 am Secretary of State DOCUMENT # P99000104930 TSRC.net, Inc. 02-01-2001 90190 020 \*\*\*158.75 Principal Place of Business Mailing Address A0017970 2. Principal Place of Business 3. Mailing Address 1901 W CYPRESS CREEK ROAD 1901 W CYPRESS CREEK ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 200 City & State City & State 4. FEI Number Applied For FORT LAUDERDALE, FL FORT LAUDERDALE 65-0964791 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33309 33309 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301 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) DATE FILE COMMITTEE (SECTION) 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be ASSET MANY 1, 2000 Fee WID SO ESSENDO Tax filing requirement and elects to do so. Trust Fund Contribution. Make Greek Payable to Department of Serie (See criteria on back) - · · OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE C/CEO Delete TITLE JOSEPH W. COLLARD NAME STREET ADDRESS 3040 JASMINE TERRACE STREET ADDRESS CITY - ST- ZIP CITY - ST- ZIP DELRAY BEACH, FL 33483 EV/COO/S / P TITLE Addition Delete TITLE JAMES F. ROBERTSON NAME NAME STREET ADDRESS STREET ADDRESS 27 CAYUGA ROAD CITY- ST- ZIP CITY- ST-ZIP FORT LAUDERDALE, FL 33308 p- - - - -TITLE **X** Delete TITÉE NAME THOMAS HOSHKO NAME STREET ADDRESS 4900 N OCEAN BLVD., #406 STREET ADDRESS CITY - ST- ZIP CITY - ST- ZIP FORT LAUDERDALE, FL 33308 CFO/S/T EV/CFO/T/AS TITI F Delete TITI E Change X Addition JOHN MORTON NAME NAME ANDREW C. HILL STREET ADDRESS STREET ADDRESS 11400 MT. VERNON DRIVE 5000 N OCEAN BLVD., #208 CITY- ST- ZIF CITY - ST- ZIP PLANTATION, FL 33325 FORT LAUDERDALE, FL 33309 AS/DF Delete Addition TITLE TITLE Change NAME NAME DIXIE F NEWTON STREET ADDRESS STREET ADDRESS 9101 NW 15TH STREET CITY - ST- ZIP PLANTATION, FL 33322 TITLE Delete TITLE Change 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.

SIGNATURE

bohew C/All Andrew CHill, Mar M

1/14/01

954~493-8601

Daytime Phone #