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FILED
Jul 24, 2001 8:00 am
Secretary of State

06-20-2001 90004 009 ***158.75
07-24-2001 90024 007 ***391.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106618

1. Entity Name
MEDIACOM NETWORKING TECHNOLOGIES, INC

Principal Place of Business	Mailing Address
ATTN: DAVE ELLSWORTH	ATTN: DAVE ELLSWORTH
2. Principal Place of Business: 2235 N.W. 14th ST.	3. Mailing Address: 2235 N.W. 14th ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH, FL. 33445	City & State: DELRAY BEACH, FL. 33445
Zip ____ Country ____	Zip ____ Country ____

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0968196 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ✓ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVE ELLSWORTH 2235 N.W. 14th ST. DELRAY BEACH, FL. 33445	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO DAVE ELLSWORTH 2235 N.W. 14th ST. DELRAY BEACH, FL. 33445 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DAVID ELLSWORTH, SR. 2812 PICKFAIR CT. KISSIMMEE, FL. 34743 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DEBBIE HODGES 2235 N.W. 14th ST. DELRAY BEACH, FL 33445 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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] 5/29/01 561-2723450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #