Mar 09, 1999 8:00 am Secretary of State

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1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S06073

BESTNET CORPORATION

Principal Place of Business Mailing Address						
,		2196 MAIN STREET			·	
2196 MAIN STREET UNIT F		UNIT F				
DUNEDIN FL 34	1698	DUNEDIN FL 34698				DO NOT WRITE IN THIS SPACE
US		US				3. Date Incorporated or Qualifed
						10/02/1990
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21	<u> </u>	26				59-3033050 Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required
22 City & State		27				
	9	<u> </u>			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country		Zip Country			8. This corporation owes the current year Intangible	
	25	<u> </u>	30			Personal Property Tax.
24	9. Name and Address of Current	11				10. Name and Address of New Registered Agent
	V. Hallo alla Victoria		8	31	Name	
SUDBANTHAD, PONGPORN			Ļ			description (D.O. David Number : Net Association)
1377	4 TERN LANE		*	32	Street Add	dress (P.O. Box Number is Not Acceptable)
CLEA	ARWATER FL 33762			33		
			ļ.			
1				34	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE: R	enistered A	gent	signature requi	red when reinstating) DATE
12.	OFFICERS AN		13.	,		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	1.1 TITLE		☐ Change ☐ Addition
NAME	SUDBANTHAD, PONGPORN		1.2 NAME			
STREET ADDRESS	13774 TERN LANE		1.3 STREE		ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY- 8		- ZIP	
TITLE	VST	☐ DELETE	2.1 TITLE			Change Addition
NAME	SUDBANTHAD, JARUVEE		2.2 NAME			•
STREET ADDRESS	13774 TERN LANE		2.3 STREET ADDRE		ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY-ST-		r-ZIP	
TITLE		DELETE	3.1 TITU	E.		☐ Change ☐ Addition
NAME		3.2		E		
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			3.4, CITY-ST-ZIP		r-ZIP	
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS	4.3		4.3 STR	EET.	ADDRESS	
CITY-ST-ZIP			4.4 CITY-S		-ZIP	
TITLE		☐ DELETE	5.1 TITLE		į	☐ Change ☐ Addition │
NAME			5.2 NAM			
STREET ADDRESS	STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP		
TITLE				6.1 TITLE		☐ Change ☐ Addition I
NAME			6.2 NAM			
STREET ADDRESS					ADDRESS	
I			64 CITY	ST	.7ID	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CPONGPORN SUDBANTHAD