

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90066 011 \*\*\*\*55.00

DOCUMENT # L00000007322

1. Entity Name



INFORMATION TECHNOLOGY NETWORK GROUP LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2917 Livingston Rd

Suite, Apt. #, etc.  
Suite 101

City & State  
Tallahassee FL

Zip  
32303

3. Mailing Address  
PO Box 180127

Suite, Apt. #, etc.

City & State  
Tallahassee, FL

Zip  
32318

4. FEI Number  
59-2653395

5. Certificate of Status Desired  \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Donato A. Castano

Street Address (P.O. Box Number is Not Acceptable)  
6713 Tim Tan Tr.

City  
Tallahassee FL Zip Code  
32309

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Donato A. Castano* CEO 2/11/2003  
Signature, typed or printed name of registered agent and title if applicable DATE

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>Donato A. Castano<br>6713 Tim Tan Trail<br>Tallahassee FL 32309     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>Clifford J. Glunt<br>8918 Salem Rd<br>Quincy, FL 32351              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>Michael F. Jones<br>423 Attapulgus-Whigham Rd.<br>Whigham, GA 31797 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |

11. 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 is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Donato A. Castano* 2/11/03 850-893-5811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)