SIGNATURE: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2001 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P99000071829 BITTIME COM. INC. 04-23-2001 90207 035 ***150.00 Mailing Address Principal Place of Business 1382 NW 78TH AVENUE 1382 NW 78TH AVENUE MIAM! FL 33126 MIAMI FL 33126 3. Mailing Address 2. Principal Place of Business SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE Applied For City & State 4. FEI Number City & State 65-0940687 Not Applicable mIAMI Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 3 3 132 -1609 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GROSS, ALBERTO Street Address (P.O. Box Number is Not Acceptable) 1382 NW 78TH AVENUE 1770 BISCAYNE **MIAMI FL 33126** Zip Code **33/37-***160***4** t for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named en SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITI F TITLE 4770 BISCAYNE BLUD Seute 1020 NAME NAME **GROSS. ALBERTO** STREET ADDRESS STREET ADDRESS 1382 NW 78TH AVENUE CITY-ST-ZIP CITY-ST-7(P MIAMI FL 33126 12 Change ☐ Addition TITLE Delete NAME NAME MILGRAM, JOEL 4110 BISCAYNE BLUD SWITE 1070 STREET ADDRESS STREET ADDRESS 1382 NW 78TH AVENUE m 14m1 FL 33137 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 Zhange ☐ Addition ☐ Delete TITLE TITLE 4170 BISCAYNE BLIND SWATE 1020 NAME NAME FLASZ, JENNIFER STREET ADDRESS STREET ADDRESS 1382 NW 78TH AVENUE CITY-ST-ZIP CITY-ST-ZIP <u> Miami Fl. 33126</u> ☐ Addition Change TITLE ☐ Delete TITLE JAN BOYER NAME NAME BOY BRICHELL AVE. SUITE 1470 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, PL 33131 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE DAVID GUENOUN NAME NAME # 12000 GASCAME BLVD. SUITE 216 STREET ADDRESS STREET ADDRESS MIAMI, PL 33181 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 of 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 attories, with all other-like empowered.

Daytime Phone #

Date