2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 90137 044 ***150.00

DOCUMENT # P95000066131

1. Entity Name
BITNER.COM/ORLANDO INC.

Principal Place of Business	Mailing Address
401 W. COLOIAL DRIVE STE ONE ORLANDO FL 32804 US	401 W. COLOIAL DRIVE STE ONE ORLANDO FL 32804 US

2. Principal Place of Business	3. Mailing Address
712 Bryn Mawr St.	712 Bryn Mawr St
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32804 Country: USA	Zip: 32804 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3333141 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, GEX
333 NORTH NEW RIVER DR. EAST
STE 9000
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name: Pickett, Don
Street Address (P.O. Box Number is Not Acceptable): Pickett, Marshall & Glassman
330 Clematis St. Suite 201
City: West Palm Beach FL Zip Code: 33401

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: Cynthia Conwell 3/19/03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BITNER, GARY E. 890 SW 20TH ST BOCA RATON FL	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HENNESSY, KIMBRA 106 SWEET BAY LN LONGWOOD FL	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/19/03 407 423-2433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone