2003 FOR PROFIT CORPORATION

FILED Feb 14, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR Secretary of State F0000000123 **DOCUMENT #** 02-14-2003 90189 041 ***158.75 1. Entity Name DL BUSINESS SYSTEMS, INC. Mailing Address Principal Place of Business 902 CLINT MOORE RD 902 CLINT MOORE RD **SUITE 144** SUITE 144 **BOCA RATON FL 33487 BOCA RATON FL 33487** US 3. Mailing Address 2. Principal Place of Business ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc.: .: Applied For 4, FEI Number 22-3321831 City & State Not Applicable: City & State \$8.75 Additional Country M 5. Certificate of Status Desired Zip Country Fee Required Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LANDAU, DOUGLAS Street 17717 CIRCLE POND COURT **BOCA RATON FL 33496** City 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 (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registe ment and title if applicable \$5.00 May Be Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition 10. resident TITLE 🗀 Delete Douglas Landau TITLE Boca Raton FL 3348 NAME LANDAU, DOUGLAS NAME STREET ADDRESS 17717 CIRCLE POND COURT STREET ADDRESS CITY-ST-ZIP BOCA RATON FL-33496 CITY-ST-ZER ☐ Addition X Delete TITLE TITLE NAME LANDAU, KRISTA NAME STREET ADDRESS 17717 CIRCLE POND COURT STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33496 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Addition CITY-ST-ZIP Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition [7] Change TITLE ☐ Delete TITI E NAME NAME STREET ADDRESS

12. Thereby 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. changed, or on an attachment

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

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