2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
03-27-2002 90042 023 ***150.00

DOCUMENT # H72756

1. Entity Name
ITEC ENTERTAINMENT CORPORATION

Principal Place of Business	Mailing Address
~~C/O ANTOINETTE PLOGSTEDT~~ 8544 COMMODITY CIR ORLANDO FL 32819 US	C/O ANTOINETTE PLOGSTEDT 34 E PINE ST ORLANDO FL 32801 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8544 Commodity Circle Suite, Apt. #, etc.	8544 Commodity Circle Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32819 Country: US	Zip: 32819 Country: US

4. FEI Number 59-2570279 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PLOGSTEDT, ANTOINETTE D 34 E PINE ST ORLANDO FL 32801	Name: Allen Dyer Doppelt Milbrath & Gilchrist, PA Street Address (P.O. Box Number is Not Acceptable) 225 S. Orange Ave, Ste. 1401 City: Orlando FL Zip Code: 32801

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV COAN, WILLIAM 9451 WESTSTONE ROBERTS ROAD WINDERMERE FL 34786	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTS JENSEN, JEFF 7717 BELVOIR DR ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PLOGSTEDT, MARC A 2513 NOBLEMAN CT WINDERMERE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 or 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 address, with all other like empowered.

SIGNATURE: _____ Marc Plogstedt 1/6/02 407-226-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #