2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000015846

1. Entity Name
SECURITY AND INTELLIGENCE SERVICES LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL 14 PM 12:02

4L
7/24

Principal Place of Business	Mailing Address
3706 LANDINGS WAY, #305 TAMPA, FL 33624	3706 LANDINGS WAY, #305 TAMPA, FL 33624

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		1000 West Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1114	
City & State		City & State Miami Beach	
Zip	Country	Zip 33139	Country

4. FEI Number **02-0632935** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HAWK, BRIAN
3706 LANDINGS WAY, #305
TAMPA, FL 33624

7. Name and Address of New Registered Agent

Name: Business Filings Incorporated
Street Address (P.O. Box Number is Not Acceptable): 1000 West Avenue, Suite 1114
City: Miami Beach **FL** Zip Code 33139

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 M. Schiff, AVP, Business Filings Incorporated 7/14/3
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MALTAGLIATI, JUSTIN 3706 LANDINGS WAY, #305 TAMPA, FL 33624 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[X] Change ☐ Addition 500021523825 07/14/03--01084--008 **50.00
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
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

CR2E083 (10/02)

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: Justin Maltagliati 06/23/03 212-374-0008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #