2001	UNIFORM BUS	<b>(</b> )	]	FILEI	)						
DOCUMENT # M34333  1. Entity Name INTERACTIVE RESOURCES, INC.						Apr 24, 2001 08:00 AM Secretary of State					
Principal Plac		Mailing Address									
FT LAUDERDA	ALE FL US	FT LAUDERDALE 33335	us	FL							
2. Principal P	Place of Business	3. Mailing Address	•							-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State	· · · · -		4. FEI Number Applied For 59-2714703 Not Applicable					Ì	
Zip	Country	Zip	Count	ry		Certificate of Statu	ıs Desired		\$8.75 Add	ditional	-
	6. Name and Address of Current	Registered Agent		· ,-	7.	Name and Addres	ss of New Re	egistered		<u> </u>	-
RICHARD K. DUNCAN 1423 SW 1 AVE				Street Ad	ORE DEFEL	ICE, ESQ Box Number is Not					_
FT. LAUDE 33315	RDALE US	FL	-	City FT. LAUD	FRDALF			 FL	Zip Cod	e	-
8. The above	named entity submits this statement for	or the purpose of changing its r	egistere			gent, or both, in the	e State of Flor		33311		1
SIGNATURE .	SALVATORE DEFEI Signature, typed or printed name of registered agence				a required when r			04/24 DATE	/2001	<u></u>	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! After MAY 1, 200 Make Check Payable	1 Fee	will be \$55	60.00	10. Election C Trust Fund	ampaign Fina I Contribution			<b>0</b> May Be i to Fees	7
11.	OFFICERS AND	DIRECTORS	12.		ΑŒ	ODITIONS/CHANG	SES TO OFFI	CERS AND	DIRECTOR	S IN 11	1
NAME STREET ADDRESS	PD DUNCAN RICHARD K 1423 SW 1 AVE	☐ Delete		ET ADDRESS	CFO DUNCAN PO BOX	RICHARD	КСГО		<b>∑</b> Change	☐ Addition	034 (11/00)
CITY-ST-ZIP	FT. LAUDERDALE PD	FL Delete	CITY-	ST-ZIP	FT. LAUDE	ERDALE		FL	333351545		CR2E0
NAME STREET ADDRESS CITY-ST-ZIP	DUNCAN, BEVERLY F. 1423 SW 1 AVE FT. LAUDERDALE	FL	NAME STREE		DUNCAN PO BOX 21 FT. LAUDE		FCEO	FL	Change 333351545	☐ Addition	  ନ
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						_	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY-	ET ADDRESS ST-ZIP					☐ Change	Addition	
of the cor	certify that the information supplied with on this report or supplemental report in poration or the receiver or trustee emp , or on an attachment with an address,	s true and accurate and that my owered to execute this report a	v sionati	ure shall ha	ve the came	denal effect selific	nada undar o	ath: that li	am an officer	or director	
SIGNAT	URE: RICHARD K. DUNC	AN PRINTED NAME OF SIGNING OFFICER OF	R DIRECTO	OR .	(	CFO 04/2	4/2001 .		Daytime Phone #		