FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 11, 2002 8:00 am Secretary of State DOCUMENT # N93000002364 1. Entity Name 09-11-2002 90123 033 ****61.25 D-FY-IT. INC. Principal Place of Business Mailing Address 83661v 16201 S.W. 95 AVE. 16201 S.W. 95 AVE. 205 MIAMI FL 33186 MIAMI FL 33186 US 2. Principal 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 65-0454414 -Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JOSEFSBERG, MARLENE 13647 DEERING BAY DR. #152 CORAL GABLES FL 33158 City Zip Code 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 & of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to min. will be \$236.25. Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition JOSEFSBERG, MARLENE NAME NAME STREET ACCRESS 13647 DEERING BAY DR. #152 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33158 CITY-ST-ZIP ED ☐ Delete TITLE ☐ Change ☐ Addition ZOHLMAN, BARBARA A NAME STREET ADDRESS 7995 SW 73 PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** TITLE ☐ Delete TITLE ☐ Change Addition NAME HAYDEN, H B NAME STREET ADDRESS -18441 NW 2ND AVE.,#218 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 TITLE ☐ Delete TIT! F ☐ Change Addition NAME SINGER, DAVID NAME STREET ADDRESS 14270 S.W. 73 AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33158 CITY-ST-ZIP TITLE SA MAYS Delete TITLE Change ☐ Addition NAME Landsberg, Diane NAME 146 10 SW GUTH COURT STREET ADDRESS 300 BISCAYNE BLVD WAY STE # 919 STREET ADDRESS CiTY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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 617, 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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

9/9/02