2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 27, 2002 8:00 am Secretary of State DOCUMENT # P00000020317 1. Entity Name 02-27-2002 90054 021 ***150.00 IHEADHUNT.CC. INC. Principal Place of Business Mailing Address 1025 S SEMORAN BLVD 1025 S SEMORAN BLVD SUITE 1093 BUILDING 1 SUITE 1093 BUILDING 1 WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 1265 S. SEMORAN Blow S. SEMBRAN BIVE. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3632685 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent FERRELL, JAMES W Street Address (P.O. Box Number is Not Acceptable) 1400 W. FAIRBANKS AVE., STE. 102 WINTER PARK FL 32789 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F Change ☐ Addition ☐ Delete TIT! F NAME Nes W. FRRAIII AVI. STE 102 N W. FARABANKS AVI. STE 102 INTER PARK PC 32789 NAME FERRELL, JAMES W STREET ADDRESS STREET ADDRESS 1400 W FAIRBANKS AVE STE 102 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 esixlat TITLE ☐ Delete TITLE ■ Addition AWRENCE LANDHER NAME LANPHER, LAWRENCE NAME 1200 VIA SaleRND STREET ADDRESS STREET ADDRESS 1119 TROTWOOD BLVD 82789 CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 Delete TITLE Change Addition NAME SIEG, CHRISTIAN M STREET ADDRESS STREET ADDRESS 8663 GLYBORNE COURT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete TITLE Change ☐ Addition VΡ NAME MITCHELL, JAMES STREET ADDRESS STREET ADDRESS 740 HARDWOOD CIRCLE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32828 ☐ Delete TITLE ☐ Addition TITLE LOFGREN, PETER J NAME NAME LOFGREN, PETER J 1119 TROTUCOOD Blud. STREET ADDRESS STREET ADDRESS 8320 HELENA DRIVE CITY-ST-7IP CITY-ST-7IP WINTERSORINGS, FL ORLANDO FL 32817 ☐ Delete TITLE ☐ Addition NAME WINTER, RANDY A NAME STREET ADDRESS STREET ADDRESS 3902 GREENVIEW PINES CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32817

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

SIGNATURE: