2003 FOR PROFIT CORPORATION

FILED Apr 28, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR** Secretary of State P00000070253 **DOCUMENT #** 04-28-2003 91380 007 ***150.00 1. Entity Name ICT WORLDWIDE, INC. Mailing Address Principal Place of Business 601 SOUTH HARBOUR ISLAND BLVD. #200 601 SOUTH HARBOUR ISLAND BLVD. #200 TAMPA FL 33602 TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address 5487 JETPOUT INDUSTAIN 5487 Jet Port Blud. Suite, Apt. #, etc. Suite, Apt. #, LUSTRIAL Blud. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 65-1028836 T AMPA Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 3363Y $\cup \subseteq \Delta$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HODGES, GEOFFREY T 601 SOUTH HARBOUR ISLAND BLVD. #200 **TAMPA FL 33602** 5487 JET POLT INDUSTICION 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 SIGNATURE ed agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. (Address only) Change TITLE ☐ Delete TITLE 5487 JET POLT INDUSTRIAL Blud. MUSOLINO, FRANK NAME NAME 601 SOUTH HARBOUR ISLAND BLVD. #200 STREET ADDRESS STREET ADDRESS **TAMPA FL 33602** CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME HODGES, GEOFFREY T NAME Jet Port Industrial Blud. STREET ADDRESS 601 SOUTH HARBOUR ISLAND BLVD. #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS

12. Thereby 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 acquirate 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 empowers to specific this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addre

CITY-ST-ZIP

STREET ADDRESS

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TITLE

NAME

SIGNATURE:

CITY - ST- 7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

CR2E034 (10/02)

Change

Addition