FOR PROFIT CORPORATION

FILED May 14, 2002 8:00 am

DOCUMENT # P01000068044 1. Entity Name					Secretary of State 05-14-2002 90285 047 ***150.00	
MERI	DIAN INFORMATION TECHN	OLOGY SERVICES,	, INC.	1	·	
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		State of the state	· · · · · ·	-	 .	
	DO NOT WRITE	IN THIS S	DAC			
	TO HO! WINIE	- 114 1 1119 9	PAU	, E		
2. Principal	el Place of Business	3. Mailing Address		<u> </u>		
8211 Northwest 66 Terrace 8211 Northwest			+ 66 1	Powwoon		
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>	DO NOT WRITE IN THIS SPACE		
City & St	tata			1	DO NOT WRITE IN TH	IS SPACE
	ac, Florida	City & State	, ,		4. FEI Number	Applied For
Zip	Country	Tamarac, Flor	Count		65-1123039	Not Applicable
33321	·	33321	Count	ıy	5. Certificate of Status Desired	\$8.75 Additional
					7. Name and Address of Current Register	Fee Required
	DO NOT W			Name	· · · · · ·	ed Agent
	DO NOT W		:	Street Addres	EGEL & UTRERA, P.A. s (P.O. Box Number is Not Acceptable)	
	IN THIS SP	ACE	.	184	O Southwest 22 Street	
		AOL			Floor	
			. [City		Tip Code
. The above	e named entity submits this statement for	the purpose of changing its	rogistored	Mia	m <u>í</u> F	Zip Code 33145
	SFIEGA, P.A	. /	registered	onice or regist	m1 Property of Florida.	.
IGNATURE	By: MULLINA	M		ŧ	4/29/0	1
	Natalia Utrera; sevice a			gent signature require		
 This corporate filling in 	oration is eligible to satisfy its Intangible requirement and elects to do so.	January 1 - M	lay 1 Fee	is \$150.00 a	· voice	
(See criter	ria on back)	After May Amended	i lian ie i	\$61.2É	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be
1.	OFFICERS AND D	Make Check Payab	le to Dep	artment of St	ate :	Added to Fees
TLE	PTD	INECTORS.		- <u> </u>		
ME	Mykolaytchuk, Nick		TITLE NAME	i i		
REET ADORESS IY-ST-ZIP	8211 Northwest 66 Ter	race	STREET A	IDDRESS		
	Tamarac, Florida 3332	1	CITY-ST-	- ZiP		
	SVD Mykolovtohul 01	· · ·	TITLE			
EET ADDRESS	Mykolaytchuk, Olga 8211 Northwest 66 Teri		NAME			
Y-ST-ZIP	Tamarac, Florida 3332	race	STREET A	E .		
E	1		TITLE	217	And Agreed	
1E			NAME			
ET ADDRESS -ST-ZIP			STREET AE	DORESS		
			CITY-ST-	ZIP	DO NOT WRI	TE
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-ST-ZIP		i	STREET AD CITY+ST-Z	ı	· · .	
			TITLE	<u> </u>		
T 4000000		i	NAME	l'		
ET ADDRESS ST-ZIP			STREET ADD	DAESS		7.1
31-217		<u> </u>	CITY-ST-ZI	P		
ĺ			TITLE	l.		,
T ACORESS	,	/) I	NAME STREET ADD			
ST- <u>Z</u> !P	/	/	STREET ADD	I		
l hereby cer	tiby that the information and the land					1

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 thue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director attachment with an address, with all other like empowered to examine this report as required by Chapter 607, Florida Statutes; and hat my name appears in Block 11 or on an

IGNATURE: