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May 02, 2003 8:00 am
Secretary of State
05-02-2003 90747 026 ***158.75

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000085280

1. Entity Name
MONTAUK SYSTEMS CORPORATION

Principal Place of Business	Mailing Address
2700 NW 62ND STREET SUITE C109 FORT LAUDERDALE, FL 33309	3051 NE 48TH STREET APT. 705 FORT LAUDERDALE, FL 33308

2. Principal Place of Business	3. Mailing Address
3051 NE 48th Street	3051 NE 48th Street
Suite, Apt. #, etc. Suite 705	Suite, Apt. #, etc. Suite 705
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33308 Country USA	Zip 33308 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1133297 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIMATTEI, JOHN J 3051 NE 48TH STREET APT. 705 FORT LAUDERDALE, FL 33308	Name Street Address (P.O. Box Number Is Not Acceptable) City FL 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 [signature] JOHN J. DiMATTEI /CEO   4/26/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTS ☒ Delete	TITLE	CEO ☐ Change ☒ Addition
NAME	DIAMATTE, JOHN J	NAME	DiMattei, John J.
STREET ADDRESS	3051 NE 48TH ST #705	STREET ADDRESS	3051 NE 48th ST. #705
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	CITY-ST-ZIP	Fort Lauderdale, FL. 33308
TITLE	☐ 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	
TITLE	☐ 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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JOHN J. DiMATTEI 4/26/03 954-938-8476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #