2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # P01000101121** 1. Entity Name INNOVATIVE NETWORK CONSULTANTS, INC. 03 SEP 11 PM 3:27 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 5005 WILES RD 5005 WILES RD #302 BLDG 2 #302 BLD6 2 COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 change. 2. Principal Place of Business 3. Mailing Address import Business Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4065 46H Çily & State Applied For City & State 4. FEI Nurriber 65-1150921 learwater Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 2H62 inclas ee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLBY, MARTHA 5006 WILES RD #302 BLDG 2 COCONUT CREEK, FL 33073 a. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered NOTE: Registered Agents (pratting required when reinstating) Signature, typed or primed name of registered agent and tide if applicable FIEE NOW!!! FEE IS \$150,00! After May 1, 2003 Fee will be \$650.00 Amended UER IS \$61.20 ept Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. CEOD, President =P COLBY, MARTHA TITLE ☐ Delete TALE Change Addition 3RZE034 (10/02 NAUF NAME 5005 WILES RD #302 BLDG 2 STREET ADDRESS STREET ADORESS COCONUT CREEK, FL 33073 CHY-SI-7P CiTY-ST-21P Vice Preside: ... XVONNE Thompson MIDSIF _5 Cape HatterasWay NE MIDDING _FI 33102 V= Vice President TITLE ☐ Delete TITLE Addition Vonne E. Thompson 2087-5 Cape Hatters WayNE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Delete 3101 Madition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7P 1/1 F 700023118207 TITLE Délete Addition NAME NAME 09/16/03--01092--008 STREET ADDRESS STREET ADDRESS **163.75 CITY-ST-ZP CITY-ST-21P TITLE ☐ Delete Change ■ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAUF STREET ADDRESS STREET ADDRESS CITY-ST-2# CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 attachizent with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martha Colby 2130 NE 42nd Court, #8 Lighthouse Point, Florida, 33054 September 8, 2003

Division of Corporations Attention: Uniform Business Reports 409 East Gaines Street Tallahassee, Florida, 32399

To whom it may concern,

Recently I contacted your office and advised the associate I had not received a copy of the UBR for 2003. I had contacted the office in 2002 and changed my mailing address. The agent advised me on how to download a copy from the Internet as well as change the address and submit to you. She advised me to request a waiver of the late fee and submit the \$150.00 along with the form.

I have done so, including a \$5.00 contribution and the \$8.75 to receive a copy of the certificate. I would appreciate your assistance in this matter. I believe I have completed the form correctly. Thank you.

Sincerely,

Martha Colby, CES.
Martha Colby, President, CEO