2003 FOR PROFIT CORPORATION

Mar 10, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000023665 DOCUMENT # 1. Entity Name 03-10-2003 90099 001 ***158.75 THE IT TEAM, INC. Principal Place of Business Mailing Address 2455 EAST SUNRISE BLVD.. SUITE 1216 2455 EAST SUNRISE BLVD.. SUITE 1216 FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 2. Principal Place of Business 113**7**1 NW 20th Drive 3. Mailing Address 113**9**1 NW 20th Drive Suite, Apt. #, etc. XX CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Coral Springs Applied For Coral Springs, 030406109 Not Applicable ^{Zip} 33071 Zip 33071 Country Broward \$8.75 Additional 5. Certificate of Status Desired Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Paul Green WILBURN, CHRISTOPHER A ESQ. Street Address (P.O. Box Number is Not Acceptable) 11371 NW 20th Drive 2455 EAST SUNRISE BLVD., SUITE 1216 FORT LAUDERDALE FL 33304 Coral Springs, 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. I am familiar with, and accept the obligations of registered agent: SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE XX Delete TITLE). PRESIDENT/COO XX Change ☐ Addition NAME WILBURN, CHRISTOPHER A ESQ. NAME Green 1 NW 20th Drive 1 Springs, FL 33071 STREET ADDRESS 2455 EAST SUNRISE BLVD., SUITE 1216 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33304 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-7IP 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 Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered. 954.650.7311

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

FILED