2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

PageloR P02000060481 - • DOCUMENT # BLUE SPHERE INFORMATION TECHNOLOGY, INC. 03 SEP 30 PN 12: 05 Principal Place of Business Mailing Address SECRETARY OF STATE 7806 SW 102 LANE 7806 SW 102 LANE MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For Not Applicable ZipCountry Country \$8.75 Additional 5. Certificate of Status Desired Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VELAZQUEZ. DAVID RAY Street Address (P.O. Box Number is Not Acceptable) 7806 SW 102 LANE MIAMI FL 33156 City Zip Code FI 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE(IS \$150.00 FILE NOW!!!. FEE(IS \$150.00 \$200.00 \$2 9. Election Campaign Financing \$5.00 May Be 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. Change ☐ Addition TITLE ☐ Delete TITLE VELAZQUEZ, DAVID RAY NAME NAME 09/30/03--01066--013 **150.00 STREET ADDRESS 7806 SW 102 LANE STREET ADDRESS MIAMI FL 33156 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Delete TITLE Change Addition TS NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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:

page her

July 18th, 2003

State of Florida Div of Corp PO Box 6327 Tallahassee, Fl. 32314

RE: P02000060481

Blue Sphere Information Technology, Inc

To whom it may concern:

Please be advised by this letter the above corporation does not show the renewal that we sent on 04/16/03 with a check for \$150.00. We have placed a stop payment on the first check that we sent. Enclosed please find copy of the report that we filed along with a new check for \$150.00.

Your cooperation is greatly appreciated.

Yours truly,

Dussidant