

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000080332

1. Entity Name
GROUP INTERACTIVE SOLUTIONS, INC.



FILED

07 JUL 19 AM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
230 NW 2ND AVE.
GAINESVILLE, FL 32601

Mailing Address
230 NW 2ND AVE.
GAINESVILLE, FL 32601

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06132007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-2937906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIELDMAN, ETHAN
1010 N MAIN STREET
GAINESVILLE, FL 32601

7. Name and Address of New Registered Agent

Name Fieldman, Ethan

Street Address (P.O. Box Number is Not Acceptable)
230 NW 2nd Ave

City Gainesville FL Zip Code 32601

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME FIELDMAN, ETHAN
STREET ADDRESS 230 NW 2ND AVE.
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE VP ☐ Delete
NAME HINTZE, MATTHEW
STREET ADDRESS 230 NW 2ND AVE.
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 4001 OSGOOD ST
CITY-ST-ZIP 07/24/07-01051--016 **61.25

TITLE ☒ Change ☐ Addition
NAME Hintze, Matthew
STREET ADDRESS 230 NW 2nd Ave
CITY-ST-ZIP Gainesville, FL 32601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP B 7/19/07

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-15-07 552 2191618