FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2004 8:00 am
Secretary of State
04-26-2004 91014 012 ***150.00

DOCUMENT # P94000026209

1. Entity Name
IBIZ

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S6431248

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2. Principal Place of Business	3. Mailing Address
2238W Lone Cactus	Same
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc.
City & State Phoenix AZ	City & State
Zip 85027 Country USA	Zip Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. **DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: CT Corp System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd #250

City: Plantation FL Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE President	TITLE
NAME Ken Schilling	NAME
STREET ADDRESS 2238 W. Lone Cactus Dr. #200	STREET ADDRESS
CITY-ST-ZIP Phoenix AZ 85027	CITY-ST-ZIP
TITLE Vice President	TITLE
NAME Mark Perkins	NAME
STREET ADDRESS 2238 W. Lone Cactus Dr. #200	STREET ADDRESS
CITY-ST-ZIP Phoenix, AZ 85027	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ken Schilling Ken Schilling 4/21/04 (623) 492-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #