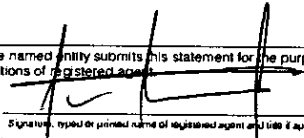
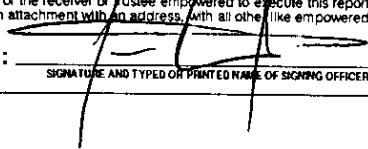


FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90952 018 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011357		
1. Entity Name INTRANET SYSTEMS TECHNOLOGY, INC.		
Principal Place of Business 6504 IBIS WAY COCONUT CREEK, FL 33073		Mailing Address 6504 IBIS WAY COCONUT CREEK, FL 33073
2. Principal Place of Business 5017 Ibis Place Suite, Apt. #, etc.		3. Mailing Address 5017 Ibis Place Suite, Apt. #, etc.
City & State Coconut Creek, FL		City & State Coconut Creek, FL
Zip 33073		Country US
4. FEI Number 65-0660819		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JUAN M 6504 IBIS WAY COCONUT CREEK, FL 33073		7. Name and Address of New Registered Agent Name Juan Pigna Street Address (P.O. Box Number is Not Acceptable) 5017 Ibis Place City Coconut Creek FL Zip Code 33073
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's signature required when reappointing)		DATE 02/28/03
FILE NOW WITH FEE IS \$150.00 After May 1, 2003, Fee will be \$550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP D PIGNA, JUAN M MR 6504 IBIS WAY COCONUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP 5017 Ibis Place Coconut Creek, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 02/28/03 Daytime Phone #

CR2E034 (10/02)