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

90039933

1. Entity Name
INTRANET SYSTEMS TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
~~6504 IBIS WAY~~ ~~COCONUT CREEK, FL 33073~~	6504 IBIS WAY COCONUT CREEK, FL 33073

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5017 Ibis Place	5017 Ibis Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coconut Creek, FL	City & State: Coconut Creek, FL
Zip: 33073 Country: US	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
~~PIGNA~~, 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] 02/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! 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~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: 5017 Ibis Place Coconut Creek, FL 33073	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 02/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #