UN	IFORM BUSINE	SS REPOR	Apr 02, 2003 8:00 am			
DOCUMENT # P9600023082 1. Entity Name NTELITECH COMPUTER SERVICES INCORPORATED				8 1	y of State 52 021 ***158.75	
Principal Place of Business 1710 AVE. REPUBLICA DE CUBA TAMPA FL 33605 US Alling Address 1710 AVE. REPUBLICA DE CUBA TAMPA FL 33605 US 3. Mailing Address 1610 N. 17TH			TH Street			
Suite, Apt. #, etc. Suite, Apt. #, etc.			2,08	CHECK HERE IF MA	AKING CHANGES	
City & Stat	1 '/	TAMPA, F	TL.	4. FEI Number 59-3367118	Applied For Not Applicable	
336	85 Buntry	33605	Gountry Hillshoush	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New Regis	ered Agent	4
NEWLIN, ANTHONY 909 COUNTRY CLUB DRIVE TAMPA FL 33612				Street Address (P.O. Box Number is Not Acceptable)		
			City	ty FL Zip Code		
SIGNATURE .	Signature, typed or printed ame of registered agent a ILE-NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		Tet riegistered Agent sign ure requ		DATE S.00 May Be Added to Fees	
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 11	┥
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CIO RUPERT, MASON 12911 TIKIWOOD COURT RIVERVIEW FL 33569	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	F034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO NEWLIN, ANTHONY 909 COUNTRY CLUB DR. TAMPA FL 33612	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	CRO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO DENISCO, TONY 5624 BROOKDALE WAY TAMPA FL 33-6025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 74	Nisco, Tony 17 Coz umel Dr. Impa, F1 33618	← Change	
TITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	inpa ji i or via	☐ Change ☐ Addition	
ITLE IAME TREET ADDRESS CITY-ST-ZIP		Delete	NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TTLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	1

12. I hereby certify that the information supplied with this filling 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 of 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

A DIRECTOR NEW LIN CGO 3-30,03