FILED < 2002 UNIFORM BUSINESS REPORT (UBR) May 05, 2002 8:00 am Secretary of State P97000002563 DOCUMENT # 05-05-2002 90083 046 ***150.00 INTERNET VENTURES INC. Principal Place of Business Mailing Address 8407 E COLONIAL DRIVE 8407 E COLONIAL DRIVE ORLANDO FL 32817 ORLANDO FL: 32817 2. Principal Place of Business 3. Mailing Address Sheridan Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 277 SAME City & State City & State 4. FEI Number Applied For 59-3446971 MIAmi Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 33140 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUBSKY, ROBERT Street Address (P.O. Box Number is Not Acceptable) 8407 EAST COLONIAL DRIVE ORLANDO FL 32817 City MiAmi 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) ☐ Addition DUBSKY, ROBERT NAME NAME Sheridan Ave STREET ADDRESS 8407 EAST COLONIAL DRIVE 4945 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. 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 11 or Block 12 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 Date

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