2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 12, 2001 08:00 AM P97000038185 DOCUMENT# 1. Entity Name **Secretary of State** TITAN BUSINESS SOLUTIONS, INC. Principal Place of Business Mailing Address 3401 POWERLINE RD 6188 KEY LARGO LANE STE 304 BOCA RATON FLBOYTON BEACH FL33433 33437 2. Principal Place of Business 3. Mailing Address 1801 CLINTMORE RD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 100 City & State City & State 4. FEI Number Applied For BOCA RATON 65-0747127 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MASS CORY 1801 CLINT MOORE ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE 100 BOCA RATON FL33487 US Zip Code 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. 01/12/2001 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 After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition X Change ROBERT MAME DENTON NAME DENTON DEBRA 10228 NORTHWEST 63RD DR. STREET ADDRESS STREET ADDRESS 10228 NORTHWEST 63RD DR. PARKLAND CITY-ST-ZIP FL 33076 CITY-ST-ZIP PARKLAND 33076 ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Сhапде Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

01/12/2001

Daytime Phone #

Date

SIGNATURE: __DEBRA A DENTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)