FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 03

DOCUMENT # P97000101016

1. Entity Name
interActive training Group, INC

DO NOT WRITE IN THIS SPACE

FILED
03 JUN 23 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900021175719
06/27/03--01049--005 **61.25
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4630 S. Kirkman Rd		18627 Brookhurst st	
Suite, Apt. #, etc. #734		Suite, Apt. #, etc. stuite 617	
City & State: Orlando, Florida		City & State: Fountain Valley CA	
Zip: 32807	Country: USA	Zip: 92708	Country: USA

4. FEI Number: 58-3526806 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Frank Teplitzky
Street Address (P.O. Box Number is Not Acceptable): 4630 S. Kirkman Road
Suite 734
City: Orlando FL Zip Code: 32807

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: Frank Teplitzky, Registered Agent — 6-15-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Burt Alan Teplitzky, President President 18627 Brookhurst st, ste 617 Fountain Valley, CA 92708	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Burt Alan Teplitzky — 6/13/03 — 714 553-8648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #