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2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: 🚣 🛚

Apr 24, 2003 8:00 am Secretary of State P98000012093 DOCUMENT # 04-24-2003 90108 030 ***150.00 1. Entity Name ADVANCED TECHNOLOGY SOLUTIONS, INC. Principal Place of Business Mailing Address 11010605 2450 HOLLYWOOD BLVD 2450 HOLLYWOOD BLVD SUITE 603 SUITE 603 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0812682 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHENKER, DON Street Address (P.O. Box Number is Not Acceptable) 4333 SW 95 AVE DAVIE FL 33328 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change ☐ Addition TITLÉ ☐ Delete PP SCHENKER, DON NAME NAME Schenker, Oon 2450 Hollywood Blud., Ste LO3 2450 HOLLYWOOD BLVD STE 603 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 Holywood, FL-33020 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F VP D word, Paul WONG, RAUL NAME NAME 2450 Hollywood Blud., Steleas 2450 HOLLYWOOD BLVD STE 603 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP - Change -TITLE Delete TITLE NAME NAME WRETZEL, KEVIN STREET ADDRESS STREET ADDRESS 2450 HOLLYWOOD BLVD STE 603 CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP 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-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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