Apr-28-03 11:12A

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90788 001 *****8.75
05-05-2003 90788 002 ***150.00

55036980

DOCUMENT # P98000056992

1. Entity Name

MANTA TECHNOLOGIES GROUP INC.

Principal Place of Business	Mailing Address
627 SOUTHARD STREET KEY WEST FL 33040	

2. Principal Place of Business		3. Mailing Address	
627 SOUTHARD STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: KEY WEST, FL		City & State	
Zip: 33040	Country	Zip	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0852735 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MICHAEL L FEINSTEIN
888 E. LAS OLAS BLVD STE 700
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name: ALFRED R. SACKETT
Street Address (P.O. Box Number is Not Acceptable): 627 SOUTHARD STREET
City: KEY WEST FL Zip Code: 33040

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] - ALFRED SACKETT - PRESIDENT 4/30/03
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
After May 1, 2003 Fee will be $550.00
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	P/D	☐ Delete
NAME	ALFRED R. SACKETT	
STREET ADDRESS	627 SOUTHARD STREET	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	S/T	☐ Delete
NAME	DORINE G SACKETT	
STREET ADDRESS	627 SOUTHARD STREET	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] S/T 4-30-03 305-294-5655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #