2003 FOR PROFIT CORPORATION

FILED May 01, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State P99000004816 DOCUMENT # 05-01-2003 90764 048 ***150.00 1. Entity Name FIRST INTERACTION GROUP, INC. Principal Place of Business Mailing Address 401 SEVEN PINES COURT 401 SEVEN PINES COURT SANDSTON VA 23150 SANDSTON VA 23150 2. Principal Place of Business 3200_PORT_ROYALEDE. N. 3. Mailing Podress 3200 PORT ROYALE DR. N. Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEL Number LAUDERDALE, AUDERDALE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KLINE, STARLETT Street Address (P.O. Box Number is Not Acceptable) 3200 PORT ROYALE DR N #704 FORT LAUDERDALE FL 33308 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. SIGNATÜRE 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE D~ TITLE PRES. -D ☐ Delete PARKER, SHEILA NAME NAME HARRY WELANED 5. OCEAN DR. # 2308 401 SEVEN PINES COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANDSTON VA 23150 CITY-ST-ZIP HOLLY WOOD FL. TITLE D -☐ Delete TITLE SEC-D NAME DEE, DAVID NAME ZONCE EINBENDER STREET ADDRESS 1119 PINE ST #204 STREET ADDRESS 1524 BUDGANEER CITY-ST-ZIP PHILADELPHIA PA 19107 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 TITLE ☐ Delete TITLE Change ☐ Addition

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.

CITY-ST-ZIP

STREET ADDRESS

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP