FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 20, 2002 8:00 am Secretary of State DOCUMENT # P99000023944 1. Entity Name 05-20-2002 90190 001 *1.350.00 NINETH BUSINESS SERVICE GROUP, INC. Mailing Address Principal Place of Business 2503 W GARDNER CT 2503 W GARDNER CT **TAMPA FL 33611 TAMPA FL 33611** 2. Principal Place of Business 3. Mailing Address Hastings look west Hastings st 1066 West DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt. #, etc. 2100 2000 Applied For City & State 4. FEI Number City & State 59-3651759 B.C. Not Applicable Jancouver Vancouver Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required Canada Canada V6E 3X2 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLIAMS, MICHAEL T Street Address (P.O. Box Number is Not Acceptable) 2503 W GARDNER CT TAMPA FL 33611 Zip Code City FL 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. ent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees Make Check Payable to Department of State Ø (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Change M Delete TITLE TITLE Francoise R. Otto NAME NAME WILLIAMS, MICHAEL T 2000-1066 Wese Haseings St. STREET ADDRESS STREET ADDRESS 2503 W GARDNER CT NOE 3XT CITY-ST-ZIP Vancouver, Bc. Canada CITY-ST-ZIP **TAMPA FL 33611** ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change TITLE Delete TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME 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.

SIGNATURE:

Francise R. Otto

April 30, 2003

604-687-8080

Daytime Phone #