

MAY 31 '00 04:48PM DIV OF CORP DO

AMENDED

P.2/2

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000109509

1. Entry Name

i-Titan Communications Networks, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 PM 4:49

Principal Place of Business

Mailing Address

5355 Town Center Rd., Suite 1004
Boca Raton, FL 33486

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-072021

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Bonnie K. Cohen Esq.
5355 Town Center Rd. #1004
Boca Raton, FL 33486

Name

Street Address (P.O. Box Number is Not Acceptable)

800003455318-2

-11/07/00--01079--003

City

*****70.00 FL *****00.00

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.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when indicating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so
(See criteria on back)10. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

11.

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Peter Hellman, Secretary ☒ Delete
5355 Town Center Rd. #1004
Boca Raton, FL 33486Hiram DelArmo, Director ☐ Change ☒ Addition
5355 Town Center Rd. #1004
Boca Raton FL 33486(see attached letter) ☐ Delete
CEO, Pres. DirectorBonnie K. Cohen, Secretary ☐ Change ☒ Addition
5355 Town Center Rd. #1004
Boca Raton FL 33486L. Joshua Etkov, Chairman ☐ Delete
5355 Town Center Rd. #1004
Boca Raton, FL 33486☐ Change ☐ Addition☐ Delete☐ Change ☐ Addition☐ Delete☐ Change ☐ Addition☐ Delete☐ Change ☐ Addition

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 a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #