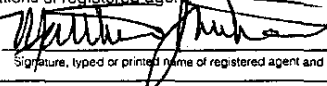
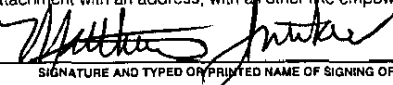


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90330 050 ***150.00

DOCUMENT # S00628 1. Entity Name PRN COMPUTER SYSTEMS, INC.																													
Principal Place of Business 16435 SW 2ND DR. PEMBROKE PINES, FL 33027			Mailing Address 16435 SW 2ND DR. PEMBROKE PINES, FL 33027																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number 65-0218180			Applied For Not Applicable																										
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent INTIHAR, MATTHEW R. 11101 N.W. 18TH PLACE PEMBROKE PINES, FL 33026			7. Name and Address of New Registered Agent Name INTIHAR, MATTHEW R. Street Address (P.O. Box Number is Not Acceptable) 16435 SW 2ND DR City PEMBROKE PINES FL Zip Code 33027																										
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:  Matthew Intihar DATE: 4-17-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">PD</td> <td style="width:20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>INTIHAR, MATTHEW R.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11101 NW 18TH PLACE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PEMBROKE PINES, FL</td> <td></td> </tr> </table>			TITLE	PD	☐ Delete	NAME	INTIHAR, MATTHEW R.		STREET ADDRESS	11101 NW 18TH PLACE		CITY - ST - ZIP	PEMBROKE PINES, FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">PD</td> <td style="width:20%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>INTIHAR, MATTHEW</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16435 SW 2ND DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PEMBROKE PINES, FL 33027</td> <td></td> </tr> </table>			TITLE	PD	☒ Change ☐ Addition	NAME	INTIHAR, MATTHEW		STREET ADDRESS	16435 SW 2ND DR		CITY - ST - ZIP	PEMBROKE PINES, FL 33027	
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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:  Matthew Intihar 4-17-04 954-431-5071 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													

24046951



03222004 Chg-P CR2E034 (10/03)