2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State **DOCUMENT # J14262** 05-15-2001 90008 027 ***150.00 PHONEMASTERS COMMUNICATIONS, INC. Mailing Address Principal Place of Business 1025 GREENWOOD BLVD 1025 GREENWOOD BLVD **STE 100** STE 100 LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0214974 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name USHER, WILLIAM T Street Address (P.O. Box Number is Not Acceptable) 1025 GREENWOOD BLVD STE 100 LAKE MARY FL 32746 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE **CSD** Delete TITLE NAME NAME USHER, WILLIAM T STREET ADDRESS STREET ADDRESS 1950 ALBERT LEE PKWY CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Change ☐ Addition ☐ Delete TITLE PD TITLE NAME NAME CURRY, JAMES B STREET ADDRESS STREET ADDRESS 1000 DUNHURST COURT CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 ☐ Addition __ Change Delete _____ TD TITLE STEINMETZ, CHARLES P NAME NAME STREET ADDRESS STREET ADDRESS 1751 VIA AMALFI CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete 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:

Man YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED