FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

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Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90002 023 ***550.00
09-10-1999 90002 024 *****8.75

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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P51673
Corporation Name

CRYSTEL TELECOMMUNICATIONS.COM. INC.

Principal Place of Business	Mailing Address
18 HALFMOON IRVINE, CA. 92614	18 HALFMOON IRVINE, CA 92614

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address
26	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27
City & State	City & State 28
Zip Country 25	Zip 29 Country 30

3. Date Incorporated or Qualifed: 1-7-87

4. FEI Number: 330865003 — ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PAMELA WILKINSON
200 E. ROBINSON ST.
SUITE 450
ORLANDO, FL 32801

10. Name and Address of New Registered Agent

81 Name: CT CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
83
84 City: PLANTATION FL 85 Zip Code: 33324

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: CT CORPORATION SYSTEM — 9.3.99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ DELETE LORENZO MUSA CHAIRMAN & CEO 18 HALFMOON IRVINE, CA 92614	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE ANTHONY PAPALIA DIRECTOR V.P. 18 HALFMOON IRVINE, CA 92614	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE EDWARD NIXON DIRECTOR 18 HALFMOON IRVINE, CA 92614	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE ROBERT PACILIO DIRECTOR 18 HALFMOON IRVINE, CA. 92614	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE RANDALL JONES C.F.O. 18 HALFMOON IRVINE, CA. 92614	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (11/98)

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C.F.O. RANDALL JONES 8/16/99 (619)921-3803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #