2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00902 1. Entity Name E-TALK CORPORATION							Apr 18, 2002 8:00 am Secretary of State 04-18-2002 90487 002 ***150.00				
Principal Plac 4040 W ROY/ STE 100 IRVING TX 75 US	AL LANE	S	Mailing Address 4040 W ROYAL LANE STE 100 IRVING TX 75063 US				80070449				
2. Principal P	Place of Busin	ness	3. Mailing Address					e i (1) au 11 au 11 au 11 au 12 au	. Bi llo libi bili		
Suite, Apt.	. #, etc.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	te		City & State				4. FEI Number Applied For Not Applicable				
Zip Country			Zip Country				5. Certificate	of Status Desired		\$8.75 Ad	
	6. Name	and Address of Current	egistered Agent				7. Name and Address of New Registered Agent				
	مت عدسان				Name						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD					Street A	ddress (P.	ss (P.O. Box Number is Not Acceptable)				
PLANTATI											
					City	FL Zip Code					
8. The above	N/A	y submits this statement fo	r the purpose of changing its				d agent, or both	h, in the State of	Florida.		
Tax filing	_	ible to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Stat			550.00	Tru:	ction Campaign st Fund Contribu	tion.	☐ Added	May Be I to Fees
11.	1	OFFICERS AND		12.		T	ADDITIONS/	CHANGES TO C	FFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12 E 49Th	/, THOMAS H STREET IK NY 10013	Delete			DT			•	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, I 4040 W R IRVING TX	OYAL LN. STE 100	☐ Delete			Penr	iy Jack	son		☆ Change	Addition
TITLE	D		☐ Delete	TITLE				entario en enco	* =	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		WILLIAM EBROOK RD N MA 01770			ET ADDRESS -ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			4040	t Shute w Roya ing, T)	i Ln.,st X 750	e.100 363	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	□ Delete							☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Delete							☐ Change	Addition
indicated of the cor	on this repor poration or th	t or supplemental report is le receiver or trustee empo	this filing does not qualify for true and accurate and that m wered to execute this report with all other like empowered.	v signat	ure shall h	ave the sa	me legal effect	as if made unde	er oath: that I	am an officer	or director

SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

11,613003

9728193100

Daytime Phone #