FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jun 30, 2000 8:00 am **DOCUMENT # P40158** Secretary of State TRANSWORLD NETWORK, CORP. 06-30-2000 90003 020 ***550 00 Mailing Address Principal Place of Business TELECOM NETWORK CORP 1959 SLOAN PLACE UUU66581 1959 SLOAN PLACE, SUITE 200 SUITE 200 ST. PAUL MN 33607-5996 PAUL MN 55117 US 3. Mailing Address 2502 POCKY Principal Place of Business POINT DR VOINT BIL SOD ROCKY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc SUITE 170 NTE Applied For City & State 4. FEI Number 41-1633893 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable DATE (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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete FREEMAN, R NAME STREET ADDRESS 2502 ROCKY POINT DR, STE 170 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA BAY FL 33607 Addition Delete Change TITLE WOOD, COLIN NAME STREET ADDRESS 2502 ROCKY POINT DR., SUITE 170 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33607** C00 TITLE . ____ Delete.___ TITLE WEISZ, JAMES NAME NAME 2502 ROCKY POINT DR., SUITE 170 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TAMPA FL 33607 Addition Delete TITLE TITLE DAVIDSON, L NAME NAME 1959 SLOAN PL, STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST PAUL MN 55117 ☐ Change ☐ Addition TITLE ☐ Delete TITLE RAKOCZY, J NAME NAME 2502 ROCKY PINT DR, STE 170 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TAMPA BAY FL 33607 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mul 14/00 (813) 287.179