2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P97000040057 CONNECT TELECOM, INC. 04-24-2001 90276 047 ***150.00 Principal Place of Business Mailing Address 421 ARROWHEAD TRAIL 421 ARROWHEAD TRAIL VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address 250 40th ave 050 40th ave Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0597312 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired-COO BRICK Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CALDWELL, WILLIAM W Street Address (P.O. Box Number is Not Acceptable) 756 BEACHLAND BLVD VERO BEACH FL 32963 City Zip Code 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. (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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) Delete ☐ Addition TITLE TITLE NAME CAIN, SUZANNE B NAME STREET ADDRESS STREET ADDRESS 421 ARROWHEAD TRAIL CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Delete TITLE Change Addition TITLE NAME NAME CAIN, JAMES B STREET ADDRESS STREET ADDRESS 421 ARROWHEAD TRAIL CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 □ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.