

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90014 037 ***150.00

DOCUMENT # P99000043905

1. Entity Name
INTERNATIONAL DIALING SERVICES, INC.

C0043514

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 c/o Jorge A. Puente-Duany P.O. Box 970186
 21095 Water Oak Terrace Boca Raton, Florida 33497
 Boca Raton, Florida 33428

2. Principal Place of Business 3. Mailing Address
 3350 N.W. 2 Avenue 2 S. Biscayne Boulevard
 Suite, Apt. #, etc. Suite, Apt. #, etc.
A44 Suite 3599

City & State City & State
 Boca Raton, Florida Miami, Florida

4. FEI Number Applied For
 65-0922126 Not Applicable

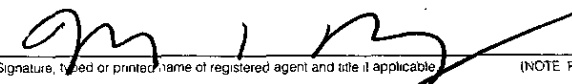
Zip Country Zip Country
 33431 USA 33131 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Bruce Levinson
 1334 North State Road 7
 Margate, Florida 33063

7. Name and Address of New Registered Agent
 Name Mark J. Bryn, Esquire
 Street Address (P.O. Box Number is Not Acceptable)
 One Biscayne Tower, Suite 3599
 2 South Biscayne Boulevard
 City Miami FL Zip Code 33131

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  DATE 3/16/00
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director <input type="checkbox"/> Delete Brad Kline 3350 N.W. 2 Avenue Boca Raton, Florida 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Sect., Dir. <input type="checkbox"/> Delete Barry Garlin 3350 N.W. 2 Avenue Boca Raton, Florida 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

PLEASE SIGN SIGN  B. B. KLINE PLEASE DATE DATE 3/20/2000 (561) 338-9399
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)